## **INFORMED** CONSENT FORM Pancreatitis

## **Pediatric**





<u>Patient personal details:</u>		Country:
First name:		
Last name:		
Date of birth:		Town:
Insurance number:		
<u>Summary:</u> Pediatric pancreatitis is an important disease of the gastrointestinal tract associated with significant incidence. The outcomes suggest that pancreatitis is as serious disease in children as it is in adults.  The early assessment of severity is crucial in the management of the disease. The classification defines three degrees of severity: mild, moderate and severe AP. A number of predictive scoring systems have been recently developed; however, current methods of risk stratification in AP have a limited value, as they provide little additional information thus may delay appropriate management.  The aim of study is to analyse the course of the disease and if it is possible develop a simple and accurate clinical scoring system that can stratify patients with AP during the first 6-12 hours of hospitalization according to their risk for severe disease course.		Hospital:
		Doctor Name/Initials:
		Patient No:
DURATION OF THE RESEARCH, POSSIBILITY TO WITHDRAW THE CONSENT TO		
PARTICIPATE: Your/your child's data will be processed anonymously.		
Your/your child's participation in this research study is voluntary. You may withdraw your consent to participate at any time either verbally or in writing. The withdrawal of your consent will not result in any penalty or loss of benefits and your/your child's data will not be used.		
After reading patient information (ETHICAL APPROVAL point 19-27, the doctor providing information, I understand the purpose of this st I give my consent to participate in this study.		
I give my consent to use my/my child's data for scientific purposes child's name. Furthermore, I give my consent to store my/my child' time of the research, until its withdrawal or at least 30 years after ac	s blood sample and data a	
At the time of signing I received a copy of the consent form and summary information.		
daymonth2	0	
	 participant (patient)	signature of legal representative <sup>1</sup>
$^{\rm 1}$ Compulsory in case of incapacitated patient or individual under 18 years. In case of their signatures are needed for the valid consent.	of illiteracy of the participant or	his/her legal representative, two witnesses and
We, the undersigned, have witnessed and confirm that accurate info	ormation was given to the	participant/legal representative of the
participant and we confirm that the individual has given consent free		
signature of witness 1	signature of witnes	
Name:	Name:	
Address:	Address:	
ID number:	ID number:	

JOINT PROJECT ORGANIZED BY THE HUNGARIAN PANCREATIC STUDY GROUP AND THE INTERNATIONAL ASSOCIATION OF PANCREATOLOGY



