



**INFORMED CONSENT**  
King Saud University, Riyadh, Kingdom of Saudi Arabia

<b>Research Project Title:</b>	Unique Roberts syndrome presentation with bilateral congenital glaucoma in a Saudi Baby; a case report
<b>Name of Principal Investigator:</b>	
<b>Name and address of Institution:</b>	
<b>Contact No:</b>	

Dear Participants,

I would like to ask this opportunity if you are willing to take part in this study. All information provided will be treated confidential. If you are willing to participate voluntarily in this study, please tick the appropriate box below and sign this form and you will be given a copy for your own records.

Signed by:

<b>Investigator's Complete Name:</b>	Amar Mohammed Almulhim
<b>Signature:</b>	
<b>Date (dd/mmm/yyyy):</b>	5/12/2022

☒ I agree to participate in this study survey, and to utilize the information and images for scientific research purposes.

☒ I agree to allow the researchers to access my existing medical records, both electronic and paper, for their study.

Signed by:

<b>Patient's Name:</b>	
<b>Patient's/ legal guardian:</b>	
<b>Signature:</b>	
<b>Date (dd/mmm/yyyy):</b>	5/12/2022