

Informed Consent Form (ICF)

Study Title: Role of Dual Source CT coronary Angiography in evaluation of coronary artery lesions in children with Kawasaki disease

Study Number (if any): _____

Subject's Initials: _____

Subject's Name: _____

Date of Birth / Age: _____

1. I confirm that I have read and understood the procedure dated _ _ _ _ _ for the above study and have had the opportunity to ask questions.
2. I understand that my Child's participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my infant's medical care or legal rights being affected.
3. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).
4. I agree for my child to take part in the above study.

Signature (or Thumb impression) of the Subject / Legally Acceptable

Representative: _____ Date: ____/____/____

Signatory's Name: _____

Signature of the Investigator: _____ Date: ____/____/____

Study Investigator's Name: _____