

**INFORMED CONSENT
Form # KSU-REC 005-E**

King Saud University, Riyadh, Kingdom of Saudi Arabia

Name of Subject: Baby Girl Gazwa Al Otaibi

Study Title: Portal gas in neonates; is it always surgical? A case report and review of the literature.

Principal Investigator: Tariq Altokhais

Address: College of Medicine, King Saud University.

Telephone: 00966114671678

A member of the research team will explain what is involved in this study and how it will affect you. This consent form describes the study procedures, the risks and benefits of participation, and how your confidentiality will be maintained. Please take your time to ask questions and feel comfortable making a decision whether to participate or not. This process is called informed consent. If you decide to participate in this study, you will be asked to sign this form and will be given a copy for your records. Throughout this consent form, "you" will refer to you or your child, as appropriate.

WHY IS THIS STUDY BEING DONE?

To report a rare case of a portal vein gas.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY? Only one (Tariq Altokhais)

WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY? Nothing will happen to your child. Only clinical description of a radiological finding is submitted for publication.

STUDY LOCATION: King Saud University Medical City.

WHAT IS EXPECTED OF ME DURING THE STUDY (What are my responsibilities) ?

Nothing.

HOW LONG WILL I BE IN THE STUDY?

Only once to review the consent and to agree/disagree.

CAN I STOP BEING IN THE STUDY?

Yes. You can decide to stop at any time. Tell the study doctor if you are thinking about stopping or you've decided to stop. He or she will tell you how to stop your participation safely. No one will try to get you to change your mind.

ARE THERE RISKS IF I STOP BEING IN THE STUDY?

No.

WHAT SIDE EFFECTS OR RISKS CAN I EXPECT FROM BEING IN THE STUDY?

Nothing.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

Yes. Health care provider would benefit from the massage the case described.

Taking part in this study may or may not make your health better

WHAT ARE THE COSTS OF TAKING PART IN THE STUDY?

You will not be charged for any study activities.

WILL I BE PAID FOR MY TAKING PART IN THIS STUDY?

No.

WILL MY MEDICAL INFORMATION BE KEPT PRIVATE?

We will make sure that the personal information in your medical record is kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If this study is published, no personal info will be used

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?

Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you and you will not lose any of your regular benefits. Leaving the study will not affect your medical care. You can still get your medical care from KSU. Dr. Tariq Altokhais may use information that was collected prior to your leaving the study.

CONSENT

Subject:

The research and procedures have been explained to me. I have been allowed to ask any questions I have at this time. I can ask any additional questions I may think of later. I may refuse to participate in the study, and I may quit being in the study at any time without any penalty and without affecting my health care.

I will receive a signed copy of this consent form.

I agree to participate in this study. My agreement is voluntary. I do not have to sign this form if I do not want to be part of this research study.

I consent that the investigators of this study and their collaborators will use my samples in this study and in other studies if required.

Subject Signature

Date

Time (AM PM)

Person Obtaining Consent:

I have explained the nature and purpose of the study and the risks involved. I have answered and will answer questions to the best of my ability. I will give a signed copy of the consent form to the subject.

Signature of Person Obtaining Consent

Date

Time (AM PM)

Principal Investigator:

Signature of Principal Investigator

Time (AM PM)

[STOP! Do not use the following signature lines unless third party consent is being requested and has been.]

AND/OR:

Legally Authorized Representative:-----

Date: --- / --- /-----

Person Obtaining Consent:-----

Date: --- / --- /-----

OR

The person being considered for this study is unable to consent for himself/herself because he/she is a minor. By signing below, you are giving your permission for your child to be included in this study.

Parent or Legal Guardian:-----

Date: -----