



## INFORMED CONSENT STATEMENT

You are being asked to consider allowing Dr. Butsabong Lerkvaleekul, a pediatrician at Ramathibodi Hospital, Mahidol University, to use information about your child's clinical information and treatment at Ramathibodi Hospital between 14<sup>th</sup> January 2015 to 14<sup>th</sup> July 2015 write what is called a case report. Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team. A case report may be published in print and/or via internet dissemination for others to read, and/or presented at a conference.

Your child's information being used for this case report includes clinical information, radiologic and pathologic findings and treatment history.

Dr. Butsabong Lerkvaleekul is obligated to protect your child's privacy and will not disclose your child's personal information that identifies your child as an individual (e.g. name, date of birth, medical record number). When the case report is published or presented, your child's identity will not be disclosed.

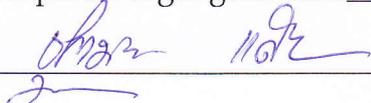
Your signature below means that you have read the above information about this case report and have had a chance to ask questions to help you understand how your child's information will be used and that you give permission to allow your child's information to be used in this case report.

If you have any questions, please directly contact Dr. Butsabong Lerkvaleekul at (+66)2-201-1494

### SUBJECT CONSENT TO PARTICIPATE

Name of Participant: Taveewut Pungluang

Name of Participant's legal guardian: Miss Chutima Songsawang

Signature:  Date: 27/4/16