

Consent Form

Mr./Ms.

Title: Multicenter randomized controlled trial of the safety and efficacy of intravenous paracetamol in the treatment of patent ductus arteriosus in preterm infants

(Principal investigator: _____)

[Explanatory notes]

- | | |
|--|--|
| <input type="checkbox"/> Clinical trial in which cooperation is requested | <input type="checkbox"/> Disclosure of information on this clinical trial |
| <input type="checkbox"/> Research organization for this clinical trial | <input type="checkbox"/> Privacy protection |
| <input type="checkbox"/> Purpose and significance of this clinical trial | <input type="checkbox"/> Methods of storage and use and storage periods of samples and information |
| <input type="checkbox"/> Who can and cannot participate in this clinical trial | <input type="checkbox"/> Research funding sources and conflict of interest |
| <input type="checkbox"/> If you do not wish to participate in this clinical trial | <input type="checkbox"/> Contact details for inquiries about this clinical trial |
| <input type="checkbox"/> Methods of this clinical trial | <input type="checkbox"/> Cost for participation in this clinical trial |
| <input type="checkbox"/> Expected benefits and possible disadvantages | <input type="checkbox"/> If this clinical trial results in a health hazard |
| <input type="checkbox"/> Refusal and withdrawal from participation in this clinical trial | <input type="checkbox"/> Accredited Clinical Research Review Committee |
| <input type="checkbox"/> If you decide to discontinue participation in this clinical trial | |

[Signature of Parents]

In participating in this clinical trial, because I have been fully informed of the above matters, received a written explanation, and understood the contents, I agree to participate in this clinical trial. It is confirmed that this consent can be withdrawn at any time.

Date of consent: _____ / _____ / _____ Patient's name: _____

Parent name: _____ Relationship: _____

Parent name: _____ Relationship: _____

[Signature of physician/research collaborator]

I (We) have fully explained the clinical trial regarding the above-mentioned explanatory notes.

Date of explanation: _____ / _____ / _____ Affiliation: _____ Name: _____

Date of explanation: _____ / _____ / _____ Affiliation: _____ Name: _____