

**ANNEX: INFORMED CONSENT (TRANSLATION TO ENGLISH)**



**PATIENT CONSENT**

(Biomedical Investigation Law 14/2007)

(Data protection Law 3/2018)

(Data protection general ruling 2016/679)

(Patient autonomy law 41/2002)

STUDY TITLE: "VIDEO DISCHARGE INSTRUCTIONS FOR PEDIATRIC GASTROENTERITIS IN AN EMERGENCY DEPARTMENT: A RANDOMIZED, CONTROLLED TRIAL"

Código: GEA01

Versión: 1.2 (English versión)

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CENTER: Hospital General Universitario Gregorio Marañón.

1. I, ....., declare under my own responsibility that I have read the Information Sheet about the study and voluntarily accept participating.
2. I have been given a copy of the Information Sheet and a copy of Informed Consent, dated and signed. I have been information about characteristics and aim of the study, and about the possible benefits and risks associated to it. I have been given time and opportunity to pose questions. All asked questions were properly answered.
3. I know that identities of subjects participating will be kept in secret and will be identified with a numerical code.
4. I am free to retire from the study at any time and for any reason, without giving any explanation and without repercussions in my future medical treatment
5. I understand that the aim of the study is to evaluate the population included and that the results will not be communicated to me nor my doctor, unless the results have a significant importance in the patients' health and there is a real possibility to improve your health.

**Point 1.- I VOLUNTARILY GIVE my consent for this study.**

Point 2.- I VOLUNTARILY GIVE my consent for my data to be kept anonymously.

Date:

Parent or tutor sign:

I declare that I have explained the characteristics and aim of the study, the different parts and the potential benefits and risks, to the subject which signs this form. The patient consents participating in this study by signing and dating this document.

Signo of the Investigator

#### CANCELLING OF INFORMED CONSENT

I \_\_\_\_\_, with date \_\_\_\_\_, cancel the informed consent for participating in this study.

Caregiver or tutor Sign

Sign of the investigator