

Consent to the participation of a child
International Registry of Severe Cutaneous Reactions (SCAR) to drugs and Collection of
Biological Samples (RegiSCAR)

We, undersigned (full names of both parents) _____ parents of the child
accept that our child participates in the RegiSCAR study after having been informed by Doctor
..... of the aims and practical implications of this study. This study has been approved on
by the Ethical Committee. .

I have been informed of the aims, potential benefits and constraints related to this study as detailed in an information sheet that we read and understood. We therefore accept to answer a questionnaire now and later if indicated. We also accept that a sample of 30-40 ml of our child's blood will be stored anonymously in a specialised bank and that afterwards the components of the blood, including genetic material (DNA), will be distributed to several RegiSCAR-teams of scientists for research only on the mechanisms of adverse drug reactions.

I did our best to explain the aims and constraints of this study to our child and took his/her reaction in consideration before taking a decision. We will be able to address any question on the study to
Doctor..... Tel.....

I understand that we are totally free to deny the participation of our child, to withdraw our consent and to require the destruction of the blood samples at any time without having to give the reason for it. This will not affect the relationships of our child with the medical team or the quality of medical care.

All personal information will be confidential and will not be accessible to anybody other than the scientific investigators or legal authorities. We accept that the collected data are computerised with the guarantees provided by the law. We will be able to get an access to computerised data by asking any Physician to contact Dr

Our agreement to the participation of our child does not relieve the organisers of the research of their moral and legal responsibility. We and our child keep all the rights granted by law.

Done in _____ Date _____ Signatures _____

We want to be informed of the final results of the study YES NO

If yes at the following address

I undersigned Doctor _____ certify that all information on the study has been provided to
Mr, Mrs, Ms. _____ I will commit myself to the respect of all terms of this
consent.

Done in _____ Date _____ Signature _____