

INFORMED CONSENT

I was informed about the aim and procedures of the study, the activity of the relevant drugs and their possible side effects.

I accept to participate in the study.

Typed name and surname Identity papers Legible signature Date signed

As parent or guardian of _____, I accept that he/she participates in the study.

Typed name and surname Identity papers Legible signature Date signed

I agree about the publication of my clinical data, pedigree, photograph and other personal data.

Typed name and surname Identity papers Legible signature Date signed

As parent or guardian of _____, I agree about the publication of his/her clinical data, pedigree, photograph and other personal data.

Typed name and surname Identity papers Legible signature Date signed
