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PÄDIATRIE·EINS

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Information for parents and letter of informed consent for the project "In-vitro analysis of the complement system, the classical, the lectin and alternative pathway, as well as of the C5b-9 complex in patients with hemolytic uremic syndrome" (pilot study)

You suffer from a disease which is called hemolytic uremic syndrome (HUS). This disease can cause damage to your kidney and several complications can occur. We investigate in patients with this disease a functional system, which plays a main role in your illness. Therefore we need a small amount of blood (5-15ml), which is going to be taken during a routine blood withdrawal (no further pinprick for you).

We ask you for giving us your consent for this investigation, which will not cause any additional harm or risk for you. We want to thank you for your participation.

Note on data protection

Personal data may be used in the clinical trial only with the express consent of the person concerned.

The prinicpal Investigator, his team and employees from local and foreign health authorities are the only persons who have access to personal data. All persons who have access to this personal data, due to their professional activity, are bound to the austrian data protection/secrecy law (§ 15 DSG 2000).

Data transmission to local and foreign institutions will only take place for statistical purposes and in anonymised form. Publication of data derived from this trial will only take place in anonymised form.

Even if you have consented without coercion and agreeing with the use of your personal data in this study, you have the possibility to revoke this consent at any time wirhout the need of giving any reasons for it, and without negative consequences in the medical care you recieve. This retraction results in the ban of further use of your personal data and your drop out of the study.

I have read and understood the information and the letter of informed consent. All my questions have been answered and, at the moment, I have no further questions. In case any questions occur during this study I can contact Dr. Therese Jungraithmayr, Medical University of Innsbruck, Department of Pediatrics I, phone: 0043-512-504-23501, at any time.

I hereby give my voluntary consent to the participation in this study. I have received a copy of this letter of informed consent.

place date signature of the patient:

place date signature of the physician: