Antalya Training and Research Hospital

INFORMED CONSENT FORM

Study Title: Evaluation of Benign Joint Hypermobility in Children with ADHD: Clinical and Biochemical Comparison with Healthy Controls
Principal Investigator: Dr. Irem Gul Girgin Babacan
Institution: Antalya Training and Research Hospital
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1. INTRODUCTION You are invited to allow your child to participate in a research study. This formprovides information about the study's purpose, procedures, risks, and

benefits. Please read it carefully and ask any questions before deciding.

2. PURPOSE OF THE STUDY The purpose of this study is to investigate the relationship betweenAttention-Deficit/Hyperactivity Disorder (ADHD), joint hypermobility, and serum prolidase enzyme levels in children. The results will be compared with healthy children who do not have ADHD.

3. PROCEDURES If you consent to your child's participation: - A clinical interview will be conductedby a child psychiatrist. - A parent questionnaire (Conners' Parent Rating Scale – Short Form) will be completed. - A physical examination will be conducted to assess joint flexibility (Beighton Score). A small blood sample will be collected from your child's arm to measure prolidase enzyme levels.

4. RISKS AND DISCOMFORTS - Minor pain or bruising may occur during blood collection. - Thereare no significant risks associated with the physical or psychological evaluations.

5. BENEFITS There is no direct benefit to your child from participating in this study. However, thefindings may contribute to a better understanding of ADHD and its relationship with connective tissue.

6. CONFIDENTIALITY All information collected in this study will remain confidential and used onlyfor research purposes. Your child's identity will not be revealed in any publication or presentation.

7. VOLUNTARY PARTICIPATION Participation in this study is completely voluntary. You maywithdraw your consent at any time without penalty or loss of benefits.

8. CONTACT INFORMATION If you have any questions about the study or your child's rights as aparticipant, please contact: - Dr. [Your Name] - Antalya Training and Research Hospital - Phone: [Phone Number] - Email: [Email Address]

9. CONSENT I have read and understood the information provided above. I voluntarily agree toallow my child to participate in this research study.

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____ Date: _____