

Informed Consent Form for quantitative study

Date: / /

I, (Mr./Ms./Mrs.) Surname
Age years, residing at House No. Moo
Subdistrict District
Province, hereby voluntarily consent to participate in the research
project entitled: **“Cost-Effectiveness Analysis of Dengue Vaccination and Vaccine Acceptance
among Thai Patients Attending Hospital.”**

I have read the Participant Information Sheet and/or have received an explanation from the research team. I understand the details of the study, including its objectives, study duration, procedures I am required to follow, and the potential benefits of participating. I understand that there are no side effects associated with participation in this research.

If I agree to participate by completing the questionnaire, which will take approximately 15 minutes, I will receive a pen valued at approximately 30 Thai Baht as a token of appreciation for my time.

I consent to the researcher's use of my personal information and research data. The data will be presented only in aggregated form and will not identify me individually in any public disclosure. I understand that I may withdraw from the study at any time without any consequences and without affecting my rights to receive medical care or services now or in the future.

If I have any questions about the study procedures or if I experience any unexpected adverse effects related to the study, I may contact:

1. Dr. Panita Looareesuwan, M.D.

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Faculty of Tropical Medicine, Mahidol University
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Mobile phone (24 hours): +66 98 293 0512

2. Assoc. Prof. Dr. Thundon Ngamprasertchai, M.D.

Department of Tropical Hygiene
Faculty of Tropical Medicine, Mahidol University
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Mobile phone (24 hours): +66 85 088 7736

If I am not treated in accordance as indicated in the Participant Information Sheet, I can inform the Ethics Committee at the Ethics Committee, Office of Research Services, 4th Floor, The 60th Anniversary of His Majesty the King's Accession to the Throne Building, Faculty of Tropical Medicine, Mahidol University, 420/6 Ratchawithi Road, Ratchathewi, Bangkok 10400. Tel 66-2-306-9126.

I thoroughly understand the statements in the Participant Information Sheet and Informed Consent Form, and I hereby give my signature.

Participant's Signature:

(.....)

Date: / /

Informant/ Consent Obtainer's Signature:

(.....)

Date: / /