

Informed Consent Form for qualitative 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, duration, procedures, and the potential benefits of participation. I understand that participation in this study poses no significant risks or adverse effects.

If I agree to participate in this study, I will take part in an in-depth interview lasting approximately 30 minutes. I will receive a compensation of 200 Thai Baht as a token of appreciation for my time.

I consent to the collection and use of my personal data and the information obtained from this study for research purposes. The results will be presented in aggregate form, and no individually identifiable information will be disclosed to the public. I understand that my participation is voluntary, and I may withdraw from the study at any time without any consequences or loss of benefits, including access to medical care or services to which I am entitled now or in the future.

If I have any questions regarding 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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2. Assoc. Prof. Dr. Thundon Ngamprasertchai, M.D.

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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

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TMPSS-ECF-021-09(TH)

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: / /