BDMS Patient / customer information and broad consent

For data and biological sample repository for research purposes

Affiliated with Bangkok Dusit Medical Services Public Company Limited,

Principle Investigator:	Dr. Pongtorn Kietdumrongwong
Institute:	Bangkok Dusit Medical Services PCL.
Source of funds :	Bangkok Dusit Medical Services PCL.

If you are a new patient, the researcher shall obtain informed consent from you for applying prospective data collection and use of your personal data. While if you are an existing patient, the researcher shall obtain informed consent from you for applying both prospective and retrospective data collection and use of your personal data. The personal data includes of your health information during your visit or using medical service in Bangkok Dusit Medical Services Public Company Limited (BDMS). Your data will be collected and stored in research data repository for future use. Prior to storage of data, all studies must be approved by Institutional Review Board (IRB) in accordance with good clinical practice guidelines and your personal information will be deleted in order to anonymize data as required by Personal Data Protection Act B.E. 2562 (PDPA) as following:

- study difference of cause and progression of disease
- develop and test diagnostic and treatment process in various diseases
- whole genome sequencing in specific condition to identify disease and illness in specific patient populations

Please carefully read this document to guide you how we collect and use your personal health data for future research. You have full right to decide in participation. This is voluntary participation. There will be no consequence in your care if you do not agree to participate.

Authorization of the researcher to retain personal data is subject to voluntary:

- You can independently decide whether to consent or not to consent to retain your personal data for future research purposes.
- You can consult with your family or treating doctor before making a decision and can ask questions about storage of your personal data, which the researcher will explain further to you and answer questions until you understand.
- You can later change your decision to withdraw your consent.

The research summarizes the risks and benefits if you allow the researcher to keep personal data for other research as follows:

Storage risk of the retention of your personal data

- The risk of information leaks to third parties. However, your personal data is non-identifiable. Third parties will not be able to recognize that the information is yours. In addition, this health information repository is as secure as a standard hospital information system with a data security system in accordance with ISO27001 standards
- In the event of a health problem detected during the research study, the research project staff will not be able to inform you because it cannot identify you from the data used in the research.

Benefits of retention of your personal data

- Participation in this program is beneficial to the medical community, which may lead to a medical knowledge, such as risk factors for disease, for example

Your personal data will be kept at Bangkok Dusit Medical Services Public Company Limited (BDMS) for a period of 10 years from the date you participate in the program. Greenline Synergy Co.,Ltd is a personal data processor. The project is assigned to manage and maintain the data warehouse for use in research with a data security system in accordance with ISO27001 standards and appoints a data guardian and the BDMS Data Governance Council to prevent personal data being used by unrelated parties. The person who has the right to access or use the information must be a researcher approved by the Data Governance Council and Institutional Review Board (IRB) only.

In accordance with the Personal Data Protection Act B.E.2562 and international standards for human research ethics, your information related to this study will be kept private. Institutional Review Board (IRB), research coordinator, research supervisor, and representatives from government institutions or organizations that are in charge of auditing to verify the accuracy of the data may all request access to your personal data. If you submit information to the database system recommended by the journal to share with other researchers, the information will be in the anonymized data form.

If you have any questions or would like to ask for more details or want to withdraw consent to the retention of personal data , you can contact the person or agency in charge.

Persons or agencies you can contact for more details or to request a withdrawal of consent

Principle Investigator or the responsible person who can be contacted 24 hours a day is

Dr. Pongtorn Kietdumrongwong

Address : BDMS Health Research Center (BHRC)

Bangkok Dusit Medical Services Public Company Limited

2 Soi Soonvijai 7, New Petchburi Road, Huaykwang, Bangkok, 10310

Telephone number during business hours 02-3103050

Email: Pongtorn.Ki@bdms.co.th Telephone number outside office hours 081-897-4391

In case of unable to contact principle investigator, please contact Mr. Somkiat Tonpu, co-investigator,

Email: Hiso@bdms.co.th Telephone number 080-594-9900

If you have any questions about your rights, please contact Institutional Review Board (IRB)

Address : Institutional Review Board (IRB)

Building 2C, Bangkok Hospital Headquarters

2 Soi Soonvijai 7, New Petchburi Road, Huaykwang, Bangkok, 10310

Tel: 02-755-1171

Fax: 02-318-1546

Email: BHQ.IRB@bangkokhospital.com

To ensure that your rights, safety and well-being are protected by international human research ethics standards.

Bangkok Dusit Medical Services

Consent form

For data and biological sample repository for research purposes

Affiliated with Bangkok Dusit Medical Services Public Company Limited,

I .....consent to participate in the project to retain information and biological samples for research. **Of those who receive services in the group of Bangkok Dusit Medical Services Public Company Limited**

I have received information and explanations regarding such retention and I have had the opportunity to ask questions and have received satisfactory answers. I have enough time to thoroughly read and understand the information in the document and I am given enough time to make a decision to allow the researcher to retain personal data for future research

I acknowledge that I can refuse retention of personal data freely without affecting my treatment, rights or participation in any clinical participation. I can also change my decision later.

I give my consent for my information to be stored in a research repository

☐ Yes

☐ No

I give my consent for my information to be used or disclosed for future research studies

☐ Yes

☐ No

I give consent to be **notified** when my data is used or disclosed for future research

☐ Yes

☐ No

I give consent to be contacted to participate in future research

☐ Yes

☐ No

Signing this does not waive any rights I have legally required.

Sign _____ Participant

(_____)

Date _____

Day/Month/Year

(In case the participant can't read but can understand)

I can't read but the researcher has read the information in the information sheet and asked for my consent and I fully understood the details. I therefore voluntarily signed or fingerprinted in a letter of consent in order for the researcher to keep my personal data

Sign/fingerprint _____ Project Participants

(_____)

Date _____

Day/Month/Year

For Consent:

I hereby confirm that participants were given the opportunity to ask questions and all concerns are clearly explained. Participants voluntarily agree to participate in the program

Sign _____ Consent Provider

(_____)

Date _____

Day/Month/Year