



To patients ages 15 – 17 years

Consent to participate in "Randomised pilot study comparing physical exercise in groups with recreational activity in groups for adolescents with depression".

Consent refers to _____
(name, study code)

I have been able to explain and read the information about the study "Randomized pilot study where physical exercise in groups is compared with recreational activity in groups for adolescents with depression" and know that I can drop out of the study at any time and have my data removed and my blood tests discarded without having to give an explanation.

I agree to participate in the study,	YES	<input type="radio"/>
I agree that data about me is processed in the manner described in the research information,	YES	<input type="radio"/>
I agree that my samples are stored in a biobank in the way described in the research information,	YES	<input type="radio"/>
I agree that one of my parents will also be interviewed afterwards regarding my participation in the group activity	YES	<input type="radio"/>

_____ 202_ - _ - _

Patient _____
(signature)

Local study coordinator _____
(signature)

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*To guardians***Consent to participate in "Randomised pilot study comparing physical exercise in groups with recreational activity in groups for adolescents with depression".**

Consent refers to _____
(name, study code)

I have read the attached information about the study "Randomised pilot study comparing physical exercise in groups with recreational activity in groups for adolescents with depression" and know that my child can cancel their participation at any time and have their data deleted and blood samples discarded without having to provide any explanation.

I agree that my child participates in the study, YES

I agree that data about my child is processed in the way described in the research information, YES

I agree that the samples of my child are stored in a biobank as described in the research information, YES

Guardian(s) _____
(signature) (signature)

(name printed)

(name printed)

Local study coordinator

(signature)

(name printed)

Address: Region Halland, Box 517, 301 80 Halmstad . **Besöksadress:** Södra vägen 9 . **Tfn:** 035-13 48 00 . **Fax:** 035-13 54 44
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