Consent Form

This consent is voluntary and can be revoked at any time without providing reasons.

I have been informed about the collection, processing, storage, and scientific use of my child's routine clinical data during inpatient treatment for RSV infection, and I hereby give my consent for this.

□ **Yes** □ **No**

Place, Date

First and Last Name of Patient

Signature of Legal Guardian

I have conducted the consultation.

Place, Date

First and Last Name of Staff Member

Signature of Staff Member

Study Leadership

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