**Form for Retrospective consent for Archiving Participant Data**

Date………/…………/………….

My name is……………………………………………..…., aged…………...years old,

now living at the address no………………………..road/street……………………….……

sub-district/tambon……………District/amphur……….…. province………………...

Postal code………………. Tel. No…………………

I understand the process of data archiving and consent to any data about/from me/the participant may be shared via a public data repository or be shared directly with other researchers according to what is discussed in the “Information Sheet for Retrospective consent for Archiving Participant Data” (dated 09092020) and that I will not be identifiable from this information. I thereby give my signature.

Signature………………………………………………………. Date……………………..

Participant’s name …………………………………………..

Signature……………………………………………………… Person in Charge of Informing and   
 Requesting a Consent/Head of   
 Research Project

……………………………………….…… …………………….. Date…………………..