

參加者同意書 Consent Form

我在此聲明：

I declare that:

1. 本人已閱讀及明白這份參與研究同意書，並且已經獲得提問的權利。我已經被知會我可能遇到的風險和得益。我所提出的問題已得到滿意的解答。

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. I have been told about the risks and benefits and I have had my questions answered to my satisfaction.

2. 我明白我的參與完全出於自願並且可以在任何時候退出，而無需任何理由。我的決定不會影響我所受到的醫療服務和法律權利。如果我決定退出這項研究，我同意之前收集到的資料可繼續被使用。

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. If I decide to withdraw from this study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.

3. 我明白機構審查委員會、倫理委員會或監察機構的成員可能會查閱我的醫療紀錄，我同意授權有關人員查閱我的記錄。

I understand that sections of any of my medical notes may be looked at by responsible individuals from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.

4. 我同意參與這項研究。

I agree to take part in the above study.

5. 簽署這同意書並不表示我放棄任何權利。

I do not waive any liability rights by signing this form.

6. 我的簽署表示我已得到這檔的副本。我會保留這副本直至我參與完結為止。

My signature indicates that a copy of this form has been given to me and I will keep it until the end of my participation in the study.

參與者的簽署 (Signature)

參與者姓名 (Name of participant)

簽署日期 (Date)

研究者/代表簽署
(Signature of investigator or delegate)

研究者/代表姓名
(Name of investigator or delegate)

簽署日期 (Date)