For Doctor

Consent Form for Research Participation

Research Title: Clinical Research to Collect Safety Information Obtained Following Vaccination with “Stamaril”

Contents Explained

Signature Field for the Consenter

I have received the participant information sheet, read it in advance, received sufficient explanation about the research from the doctor in charge, and understood the contents well. I hereby agree to participate in the research.

Signature: _____ Date of Consent: _____ (mm-dd-yyyy)

Signature Field for the Legal Representative

* If the research participant is aged 16 to less than 20 years, the signature of the legal representative is needed in addition to the signature of the participant.
* If the research participant is aged less than 16 years, the legal representative should sign the consent form.

I have received the participant information sheet, read it in advance, received sufficient explanation about the research from the doctor in charge, and understood the contents well. I hereby agree to the participation in the research.

Name of participant: _____ Date of Consent: _____ (mm-dd-yyyy)

Signature: _____ Relation: □ Father □ Mother □ Other (_____)

Signature Field for the Doctor in Charge

I have provided sufficient explanation using the participant information sheet.

Signature: _____ Date of Explanation: _____ (mm-dd-yyyy)

For Participant / Legal Representative

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Name of participant: _____ Date of Consent: _____ (mm-dd-yyyy)

Signature: _____ Relation: □ Father □ Mother □ Other (_____)

Signature Field for the Doctor in Charge

I have provided sufficient explanation using the participant information sheet.

Signature: _____ Date of Explanation: _____ (mm-dd-yyyy)