

For Doctor

Consent Form for Research Participation

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

Contents Explained

- 1. Introduction
- 2. What is Specified Clinical Research?
- 3. About Yellow Fever
- 4. Purpose of and Background of This Research
- 5. About the Vaccine “Stamaril”
- 6. Other Options
- 7. The Scheduled Period of Research and Scheduled Number of Participants
- 8. Research Methods
- 9. Expected Benefits and Disadvantages
- 10. Rules We Want You to Follow
- 11. Action and Compensation in case Health Injury Occurs
- 12. Access to Records & Protection of Personal Information
- 13. About the Burden of Expenses
- 14. Research expenses and Conflicts of interest
- 15. Authorized Institutional Review Board
- 16. Research Representative & Doctor in Charge of Research
- 17. Contact for Consultation

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)