OIST ECSU

Informed Consent

I, PARTICIPANT, give my consent to take part in the Experiment:
Example experiment

I confirm that:

☐ I was satisfactorily informed about the study by means of the *General Information Brochure*, *Equipment Information* document, and an additional specific *Study Information Brochure*.
☐ I have been informed about the potential benefits and risks involved in the study.
☐ I have had the opportunity to put forward questions regarding the study and that these questions have been answered satisfactorily.
☐ I have carefully considered my participation in the experiment.
☐ I participate of my own free will.
☐ I know who to contact if I seek more information about the study or wish to withdraw my data.

I understand that:

☐ I have the right to withdraw from the experiment at any time without having to give a reason.
☐ My data will be processed in anonymized form and my privacy is protected according to Japanese law.
☐ My signed consent form will be retained in a secure locker in the location of the OIST Unit accessible only to the Unit's Lab Coordinator for 5 years.

I agree that:

☐ My data will be acquired, analyzed, and stored for research purposes.
☐ My anonymized data will be used in future studies without requiring my additional consent.
☐ My anonymized data will be shared with others for research purposes only.
☐ My video/audio recordings will be acquired, analyzed, and stored for research purposes.

Furthermore
☐ I understand that the experiments are not designed for clinical diagnosis and researchers have no clinical training. Participation in any of the experiments can therefore not be considered as a clinical or screening test.

In the exceptional circumstance that the data collected may give indications concerning my health conditions. I want to be notified about this: [ ] Yes   [ ] No

Name:

Date and place: Signature:

I, RESEARCHER, declare that the person named above has been informed about the experiment and is guaranteed privacy protection according to Japanese law.

Name:

Date and place: Signature: