

Informed Consent Check Sheet

	Item	Written consent	Oral consent	Not applicable
1	Purpose and significance of the research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Participation period and specific method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Reason for being selected as a research subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Participation in the research is voluntary, and the participant has the right to refuse or withdraw from participating in the research even after the research has begun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The participant will not be treated disadvantageously for not agreeing to or withdrawing from participating in the research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Expected benefits of participating in the research (including the receipt of monetary or other benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Anticipated disadvantages and risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The possibility that the participant may be identified at the time of research publication or presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Brief explanation of the research results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The range of co-researchers who will collect and handle personal information, the procedures to store and dispose of collected personal information, and the duration of storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The period during which the participant can request disclosure or destruction of collected data, the procedures to store and dispose of collected data, and the duration of storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Department, titles, and names of researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Contact for inquiries about the research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>