

[Appendix] Informed Consent Form

**Study Title: Sipjeondaebotang in cancer patients with anorexia: a protocol for a pilot, randomized, controlled trial**

**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I was also informed that I can withdraw the agreement and receive appropriate treatment if any adverse event occurs.**

**I agree that I will cooperate with study investigators and talk to study investigators about any side effects that I have while taking part in the study.**

**This proposal has been reviewed and approved by IRB of the Dunsan Korean Medicine Hospital of Daejeon University, which is a committee whose task it is to make sure that research participants are protected from harm. I know that I can always inquire more information to IRB. I agree that investigators may look at and/or copy my medical records for research.**

**I consent voluntarily to participate as a participant in this research.**

**A copy of this ICF has been provided to the participant.**

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

Print name of witness \_\_\_\_\_

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

Print Name of Researcher/person taking the consent \_\_\_\_\_

Signature of Researcher /person taking the consent \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year