

Consent Form

To the Director of the Tohoku University Hospital

I have read the following 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.

1. About clinical trials
2. Background of this clinical trial
3. Red blood cells transfusion
4. Research content and period
5. Other treatment options if participation from this clinical trial is withdrawn
6. Freedom to participate in this clinical trial and withdraw consent
7. Protection of personal information and handling of research results
8. Research funds and conflicts of interest
9. What to do if this research causes health problems
10. About a case where participation in research is canceled
11. Possibility of using the data for future research and providing it to other research institutes
12. Research costs
13. Recommendations that are to be followed
14. Method of disclosing information and viewing research materials
15. Consultation counter

I voluntarily give my consent to participate in this research.

Printed Name of Participant _____

Signature of Participant _____ Date _____

Printed Name of Representative _____

Relationship with Participant _____

Signature of Representative _____ Date _____

I have accurately explained the information of this clinical trial to the potential participant.

Printed Name of Researcher _____

Signature of Researcher _____ Date _____