

Ver.No.1(2018/8/18)

## Informed Consent Form

Study name :

### Medication optimization Protocol Efficacy for Geriatric inpatients (MPEG) trial

&lt;Description&gt;

1. Introduction: About clinical trials.
2. Purpose of this trial.
3. Method of this trial.
4. Planned participation period and planned number of participants.
5. Expected effects of medication optimization protocol and possible adverse effects.
6. Participation in this trial is at the discretion of the patient.
7. We may discontinue intervention in this study.
8. Even if the results of this trial are published, your personal information will not be revealed.
9. What to do if you agree to participate in this trial.
10. About your expenses.
11. Doctor in charge.

Please mark the left checkbox only if you do not agree to the future secondary use of your anonymous information obtained from this trial.

**【Patient】**

I agree to participate in this trial and have understood the above listed contents.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

**【Patient's next of kin】**I agree with Mr/Ms. \_\_\_\_\_ 's participation in this trial and have understood the above listed contents.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Relationship with the patient : \_\_\_\_\_

**【Explainer】**

I fully explained the contents of the above clinical trial to the patient.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Affiliation : \_\_\_\_\_