Research Participation Consent Form

Title of the Research:

Effectiveness of a cognitive behavioral therapy for drug use disorders in Indonesia: A randomized controlled trial

(Collaboration research between the Faculty of Medicine, University of Indonesia and Kyoto University)

An explanation has been given which includes the following discussion:

- 1. Research Title
- 2. Research Clearance
- 3. Research institutes and researchers
- 4. Research purposes
- 5. Research procedure
- 6. Research period
- 7. Inclusion Criteria
- 8. Risks, benefits, and side effects
- 9. Right to refuse and drop out
- 10. Voluntary participation and risk of involvement
- 11. Research data publication
- 12. How to access research-related materials for participants
- 13. Privacy of personal data
- 14. Research data storage
- 15. Research funds and conflicts of interest
- 16.Researcher contact list
- 17. Remuneration for participants

- 18.General management of drug addiction patients outside of research interventions
- 19.Follow up management after the
- research ends
- 20.Report of the participant's genetic information
- 21. Compensation for illness related to research and invasive procedures
- 22. Secondary research data for other institutions
- 23. Samples and participant information related to invasive procedures
- 24. Name, position, and affiliation of the person in charge of managing data and information related to research
- 25. CBT group participant commitments and drop out possibility of research participation

Explanations have been given according to the explanation sheet, and consent has been obtained voluntarily.

	Date of consent:	/	
Researcher's affiliation:			
Researcher's Name:			
Researcher's Signature:			

Acknowledged by:

- 1. Dean of the Faculty Medicine, University Indonesia
- 2. Director of the Center for South East Asian Studies, Kyoto University

CBT-Group Participation Consent Form

I, the undersigned, hereby acknowledge, consent and agree to fulfill the following matters during my participation in CBT group therapy, in order to ensure the safe and secure continuation of the program:

- 1. I will not divulge information about other participants in the group to external parties without the consent of the parties concerned.
- 2. I will not record audio, video, or take camera pictures without the permission of the parties concerned and the research team.
- 3. I will not use drugs during the CBT session.
- 4. I will not divulge links (URL), ID, and passwords for online meetings in the Zoom application to external parties, without the approval of the research team.
- 5. I will not harass, say offensive words related to ethnicity, religion and race, or commit acts of violence for any reason to any party related to the research, whether other participants or the research team.

If I infringe the points of the agreement above, I will be given 1 (one) warning. If I do not show any improvement after being warned, or infringe it for the second time, or it is deemed that my participation will interfere with the continuation of CBT therapy in the future, I have no objection to my participation being unilaterally terminated.

participation in the research mentioned aborathe second time, or it is deemed that my p	have understood the explanation given and agree to my ove.in my behavior after being warned, or infringe it for participation will interfere with the continuation of CBT or my participation being unilaterally terminated.
Date of Consent :/	/ 20
Name :	
Signature :	

Urine Test Informed Consent

Title of Research:

Effectiveness of a cognitive behavioral therapy for drug use disorders in Indonesia: A randomized controlled trial

(Collaboration research between the Faculty of Medicine, University of Indonesia and Kyoto University)

An explanation has been given which includes the following discussion:

- 1. Purpose of the urine sampling
- 2. Urine test procedure
- 3. Analysis of urine test results data and maintaining data confidentiality

Explanations have been given according to the explanation sheet, and consent has been obtained voluntarily.

I, the undersigned, declare that I		
Agree / do not agree		
*please circle one of these options above		
to provide the urine sample to be tested for the research team, and I have acknowledged and understood the purposes, procedures and data analysis as described previously.		
Date of consent : / / 20		
Name :		
Signature :		

Withdrawal of Informed Consent for Urine Test

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I,the undersigned,hereby wish to withdraw my prior consent to participate in the urinary test for this research by signing this form.		
Withdrawal Date	: / / 20	
Participant's Name	:	
Participant's Signature	:	