# Informed Consent Form (On Participation in Research)

To: Director of Osaka University Hospital

Research title: Development of treatment through transplantation of skeletal muscle myoblast cell sheets for severe cardiomyopathy

On the occasion of participating in the above-mentioned research, I (name of human research subject) have received explanatory documentation and oral explanations concerning the following items from an attending doctor, and I have understood the said items including my right to voluntarily discontinue my participation in this research. Therefore, I consent to participating in this research.

I have put checkmarks in the appropriate boxes for the items that I have understood after receiving an explanation of this research.

- ☐ ① Purpose of clinical research
- ☐ ② Significance of clinical research
- ☐ ③ Your participation in this research is voluntary and even if you refuse to participate in it, you will not suffer any loss of benefits.
- ☐ ④ Even after participating in the research, you may withdraw from it at any time without loss of benefits.
- ☐ ⑤ Clinical research methods (reason that you were selected as a subject, etc.)
- ☐ ⑥ Expected results, and potential risks and inconveniences
- ☐ ⑦ Alternative treatments
- ☐ ⑧ Use of personal information
- ☐ ⑨ Provision of research results
- ☐ ⑩ Public announcement of research results
- ☐ ⑪ Burden of expenses
- ☐ ⑫ Funding resources for clinical research
- ☐ ⑬ Ownership of intellectual property, etc.
- ☐ ⑭ Presence or absence of compensation
- ☐ ⑮ Support after the completion of the research
- ☐ ⑯ Samples (materials) conservation and conservation period, and how they are used
- ☐ ⑰ Disclosure of clinical research
- ☐ ⑱ Contact (name of research institution, name, title, contact address, etc., of researcher)

I have put checkmark in the appropriate box for [redacted]

☐ [redacted] Group ☐ [redacted] Group

Subject's signature: _____ SEAL

Date of signature: (YYYY/MM/DD)

As an attending doctor, I certify that I provided an explanation to the subject regarding the above items that are involved in this research, and obtained the subject's informed consent.

Signature of attending doctor: _____ SEAL

Date of signature: (YYYY/MM/DD)

Signature of witness: _____

(Multiple signatures allowed) _____

Ver. 2 : Sept. 13, 2016