

## Informed Consent Form

To: Director of Osaka University Hospital

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

Name of surgery, treatment, etc.: Transplantation of skeletal muscle myoblast cell sheets

On the occasion of participating in the above-mentioned research, I (name of human research subject) \_\_\_\_\_ have received a detailed explanation from an attending doctor, and have had an opportunity to ask him/her about points that I did not understand. I have fully understood the content of this treatment, the reasons why it is necessary, the risks associated with its implementation, the predicted complications, other necessary potential treatments, and so on. Therefore, I consent to participating in this research.

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) \_\_\_\_\_