

Statement of approval

I have read above research introduction and had a chance to make a discussion with doctor in this subject. All questions that I raised were replied satisfactorily.

I knew possible risk and benefit when including this research. I knew it was voluntary to enter this research. I am sure that I have enough time to think it over carefully before making the final decision.

I agree that researchers, IRB and superior department can use my medical record and tissue sample.

I agree that other research beside current one can make use of my medical record and tissue sample.

I will acquire a copy of informed consent form with date and signature

Finally, I agree to enter this research and follow the doctor's order to the best of my ability.

Receptor: [REDACTED] date: 06/19/2017

Receptor phone number: [REDACTED]

Statement of doctor

I confirm that I have explained the research in detail including patient's right, possible risks and benefit. I also have given a copy of informed consent form with date and signature to the patient.

Researcher: Bai Tong [REDACTED] date: 06/19/2017

Research phone number: [REDACTED]