Patient Informed Consent Form
患者知情同意书

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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.17

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.17

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Signed name（受试者签名）: _[redacted]_ Date（日期）: 2021.01.07

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.04

Signed name（研究者签名）: _____ Date（日期）: 2021.01.04

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.03

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.03

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.30

Signed name（研究者签名）: [redacted] Date（日期）: 2021.06.30

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

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Signed name（受试者签名）: _____ Date（日期）: 2021.06.29

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.16

Signed name（研究者签名）: _____ Date（日期）: 2021.01.16

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患者知情同意书

Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.14

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.12

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.12

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.11

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.11

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.09

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.09

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.19

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It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

隐私问题：
如果您决定参加本项研究，您参加试验及在试验中的个人资料均属保密.您的信息将以研究编号数字而非您的姓名加以标识。可以识别您身份的信息将不会透露给研究小组以外的成员，除非获得您的许可。所有的研究成员和研究申办方都被要求对您的身份保密。您的档案将保存在有锁的档案柜中，仅供研究人员查阅。为确保研究按照规定进行，必要时，政府管理部门或伦理审查委员会的成员按规定可以在研究单位查阅您的个人资料。这项研究结果发表时，将不会披露您个人的任何资料。

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明拒绝除本研究外的其他研究利用您的医疗记录和病理标本。

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如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.28

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.28

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.29

Signed name（研究者签名）: [redacted] Date（日期）: 2021.01.29

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Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.01.30

Signed name（研究者签名）: _____ Date（日期）: 2021.01.30

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.05

Signed name（研究者签名）: _____ Date（日期）: 2021.02.05

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.16

Signed name（研究者签名）: _____ Date（日期）: 2021.02.16

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.17

Signed name（研究者签名）: [redacted] Date（日期）: 2021.02.17

Patient Informed Consent Form
患者知情同意书

Purpose:
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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

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Signed name（研究者签名）: _____ Date（日期）: 2021.02.18

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Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Signed name（受试者签名）: _[redacted]_ Date（日期）: 2021.02.19

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目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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如果您决定参加本项研究，您参加试验及在试验中的个人资料均属保密.您的信息将以研究编号数字而非您的姓名加以标识。可以识别您身份的信息将不会透露给研究小组以外的成员，除非获得您的许可。所有的研究成员和研究申办方都被要求对您的身份保密。您的档案将保存在有锁的档案柜中，仅供研究人员查阅。为确保研究按照规定进行，必要时，政府管理部门或伦理审查委员会的成员按规定可以在研究单位查阅您的个人资料。这项研究结果发表时，将不会披露您个人的任何资料。

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如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.19

Signed name（研究者签名）: [redacted] Date（日期）: 2021.02.19

Patient Informed Consent Form
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.22

Signed name（研究者签名）: [redacted] Date（日期）: 2021.02.22

Patient Informed Consent Form
患者知情同意书

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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.23

Signed name（研究者签名）: _____ Date（日期）: 2021.02.23

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.02.28

Signed name（研究者签名）: _____ Date（日期）: 2021.02.28

Patient Informed Consent Form
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Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.02

Signed name（研究者签名）: _____ Date（日期）: 2021.03.02

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.05

Signed name（研究者签名）: _____ Date（日期）: 2021.03.05

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.07

Signed name（研究者签名）: _____ Date（日期）: 2021.03.07

Patient Informed Consent Form
患者知情同意书

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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.08

Signed name（研究者签名）: _____ Date（日期）: 2021.03.08

Patient Informed Consent Form
患者知情同意书

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.15

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.16

Signed name（研究者签名）: _____ Date（日期）: 2021.03.16

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权利：

如果您因参与这项研究而受到伤害:如发生与该项临床研究相关的损害时，您可以获得免费治疗和/或相应的补偿。

您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.18

Signed name（研究者签名）: _____ Date（日期）: 2021.03.18

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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除本研究以外,有可能在今后的其他研究中会再次利用您的医疗记录。您现在也可以声

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.20

Signed name（研究者签名）: _____ Date（日期）: 2021.03.20

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.22

Signed name（研究者签名）: [redacted] Date（日期）: 2021.03.22

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.26

Signed name（研究者签名）: _____ Date（日期）: 2021.03.26

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.28

Signed name（研究者签名）: _____ Date（日期）: 2021.03.28

Patient Informed Consent Form
患者知情同意书

Purpose:
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如果您因参与这项研究而受到伤害:如发生与该项临床研究相关的损害时，您可以获得免费治疗和/或相应的补偿。

您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.31

Signed name（研究者签名）: _____ Date（日期）: 2021.03.31

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.30

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.03.29

Signed name（研究者签名）: _____ Date（日期）: 2021.03.29

Patient Informed Consent Form
患者知情同意书

Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.29

Signed name（研究者签名）: _____ Date（日期）: 2021.06.29

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.28

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.28

Signed name（研究者签名）: _____ Date（日期）: 2021.06.28

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（研究者签名 [redacted] Date（日期）: 2021.06.19

Patient Informed Consent Form
患者知情同意书

Purpose:
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Information collection:
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Signed name（研究者签名）: [redacted] Date（日期）: 2021.06.19

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Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.18

Signed name（研究者签名）: _____ Date（日期）: 2021.06.18

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Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: _[redacted]_ Date（日期）: 2021.06.14

Signed name（研究者签名）: _[redacted]_ Date（日期）: 2021.06.14

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Signed name（受试者签名）: _[redacted]_ Date（日期）: 2021.06.11

Signed name（研究者签名）: _[redacted]_ Date（日期）: 2021.06.11

Patient Informed Consent Form
患者知情同意书

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.10

Signed name（研究者签名）: _____ Date（日期）: 2021.06.10

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.08

Signed name（研究者签名）: _____ Date（日期）: 2021.06.08

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.08

Signed name（研究者签名）: _____ Date（日期）: 2021.06.08

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

隐私问题：
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Rights:

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You can keep abreast of the information and progress of the study at any time. If you have any questions related to the study, or if you have any discomfort or injury during the study, or have any questions about the rights and interests of the study participants, you can contact the investigator at any time.

权利：

如果您因参与这项研究而受到伤害:如发生与该项临床研究相关的损害时，您可以获得免费治疗和/或相应的补偿。

您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.07

Signed name（研究者签名）: [redacted] Date（日期）: 2021.06.07

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Purpose:
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Information collection:
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权利：

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如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.06

Signed name（研究者签名）: [redacted] Date（日期）: 2021.06.06

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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明拒绝除本研究外的其他研究利用您的医疗记录和病理标本。

Rights:

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权利：

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Signed name（受试者签名）: _[redacted]_ Date（日期）: 2021.06.04

Signed name（研究者签名）: _[redacted]_ Date（日期）: 2021.06.04

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
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Privacy issues:
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除本研究以外,有可能在今后的其他研究中会再次利用您的医疗记录。您现在也可以声

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Rights:

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.01

Signed name（研究者签名）: _____ Date（日期）: 2021.06.01

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.06.01

Signed name（研究者签名）: _____ Date（日期）: 2021.06.01

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.31

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.28

Signed name（研究者签名）: [redacted] Date（日期）: 2021.05.28

Patient Informed Consent Form
患者知情同意书

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.27

Signed name（研究者签名）: _____ Date（日期）: 2021.05.27

Patient Informed Consent Form
患者知情同意书

Purpose:
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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.24

Signed name（研究者签名）: _____ Date（日期）: 2021.05.24

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.22

Signed name（研究者签名）: _____ Date（日期）: 2021.05.22

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.20

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Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.18

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.18

Signed name（研究者签名）: _____ Date（日期）: 2021.05.18

Patient Informed Consent Form
患者知情同意书

Purpose:
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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.17

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Signed name（受试者签名） [redacted] Date（日期）: 2021.05.12

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.11

Signed name（研究者签名）: _____ Date（日期）: 2021.05.11

Patient Informed Consent Form
患者知情同意书

Purpose:
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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.08

Signed name（研究者签名）: _____ Date（日期）: 2021.05.08

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.07

Signed name（研究者签名）: _____ Date（日期）: 2021.05.07

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Signed name（受试者签名） [redacted] Date（日期）: 2021.05.06

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.05.05

Signed name（研究者签名）: _____ Date（日期）: 2021.05.05

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患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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目的：
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Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（研究者签名）: _____ Date（日期）: 2021.04.16

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.12

Signed name（研究者签名）: _____ Date（日期）: 2021.04.12

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This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.12

Signed name（研究者签名）: [redacted] Date（日期）: 2021.04.12

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.10

Signed name（研究者签名）: _____ Date（日期）: 2021.04.10

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.07

Signed name（研究者签名）: _____ Date（日期）: 2021.04.07

Patient Informed Consent Form
患者知情同意书

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.06

Signed name（研究者签名）: _____ Date（日期）: 2021.04.06

Patient Informed Consent Form
患者知情同意书

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您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.06

Signed name（研究者签名）: _____ Date（日期）: 2021.04.06

Patient Informed Consent Form
患者知情同意书

Purpose:
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Information collection:
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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名） [redacted] Date（日期）: 2021.04.05

Signed name（研究者签名） _____ Date（日期）: 2021.04.05

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.04.04

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.28

Signed name（研究者签名）: _____ Date（日期）: 2021.09.28

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Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.25

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Patient Informed Consent Form
患者知情同意书

Purpose:
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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.19

Signed name（研究者签名）: _____ Date（日期）: 2021.09.19

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）:  Date（日期）: 2021.09.16

Signed name（研究者签名）: _____ Date（日期）: 2021.09.16

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.14

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.14

Signed name（研究者签名）: _____ Date（日期）: 2021.09.14

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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隐私问题：
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.06

Signed name（研究者签名）: _____ Date（日期）: 2021.09.06

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.09.02

Signed name（研究者签名）: _____ Date（日期）: 2021.09.02

Patient Informed Consent Form
患者知情同意书

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目的：
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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.30

Signed name（研究者签名）: _____ Date（日期）: 2021.08.30

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.30

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.28

Signed name（研究者签名）: _____ Date（日期）: 2021.08.28

Patient Informed Consent Form
患者知情同意书

Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.22

Signed name（研究者签名）: _____ Date（日期）: 2021.08.22

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.19

Signed name（研究者签名）: _____ Date（日期）: 2021.08.19

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.18

Signed name（研究者签名）: _____ Date（日期）: 2021.08.18

Patient Informed Consent Form
患者知情同意书

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.18

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.16

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.15

Signed name（研究者签名）: _____ Date（日期）: 2021.08.15

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.11

Signed name（研究者签名）: _____ Date（日期）: 2021.08.11

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患者知情同意书

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You may opt out of the study, or notify the investigator to withdraw from the study at any time. Your data will not be included in the study results, and your medical benefits and rights will not be affected.

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权利：

如果您因参与这项研究而受到伤害:如发生与该项临床研究相关的损害时，您可以获得免费治疗和/或相应的补偿。

您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名 [redacted] Date（日期）: 2021.08.04

Signed name（研究者签名）[redacted] Date（日期）: 2021.08.04

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.03

Signed name（研究者签名）: _____ Date（日期）: 2021.08.03

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.08.01

Signed name（研究者签名）: _____ Date（日期）: 2021.08.01

Patient Informed Consent Form
患者知情同意书

Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.27

Signed name（研究者签名）: _____ Date（日期）: 2021.07.27

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.26

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Signed name（受试者签名）[redacted] Date（日期）: 2021.07.24

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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.09

Signed name（研究者签名）: _____ Date（日期）: 2021.07.09

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.08

Signed name（研究者签名）: _____ Date（日期）: 2021.07.08

Patient Informed Consent Form
患者知情同意书

Purpose:
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目的：
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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.07

Signed name（研究者签名）: _____ Date（日期）: 2021.07.07

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.06

Signed name（研究者签名）: _____ Date（日期）: 2021.07.06

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Purpose:
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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.07.03

Signed name（研究者签名）: _____ Date（日期）: 2021.07.03

Patient Informed Consent Form
患者知情同意书

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Signed name（受试者签名）[redacted] Date（日期）: 2021.07.01

Signed name（研究者签名）_____ Date（日期）: 2021.07.01

Patient Informed Consent Form
患者知情同意书

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Information collection:
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Signed name（受试者签名） [redacted] Date（日期）: 2021.12.29

Signed name（研究者签名）: _____ Date（日期）: 2021.12.29

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Signed name（受试者签名） [redacted] Date（日期）: 2021.12.28

Signed name（研究者签名）: _____ Date（日期）: 2021.12.28

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.25

Signed name（研究者签名）: _____ Date（日期）: 2021.12.25

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.21

Signed name（研究者签名）: _____ Date（日期）: 2021.12.21

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.15

Signed name（研究者签名）: _____ Date（日期）: 2021.12.15

Patient Informed Consent Form
患者知情同意书

Purpose:
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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Purpose:
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权利：

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您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.12

Signed name（研究者签名）: _____ Date（日期）: 2021.12.12

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.10

Signed name（研究者签名）: _____ Date（日期）: 2021.12.10

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.07

Signed name（研究者签名）: _____ Date（日期）: 2021.12.07

Patient Informed Consent Form
患者知情同意书

Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.06

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.05

Signed name（研究者签名）: _____ Date（日期）: 2021.12.05

Patient Informed Consent Form
患者知情同意书

Purpose:
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Signed name（受试者签名）[redacted] Date（日期）: 2021.12.02

Signed name（研究者签名）_____ Date（日期）: 2021.12.02

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.12.06

Signed name（研究者签名）: _____ Date（日期）: 2021.12.06

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.29

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.29

Signed name（研究者签名）: _____ Date（日期）: 2021.11.29

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Purpose:
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Information collection:
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收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

隐私问题：
如果您决定参加本项研究，您参加试验及在试验中的个人资料均属保密.您的信息将以研究编号数字而非您的姓名加以标识。可以识别您身份的信息将不会透露给研究小组以外的成员，除非获得您的许可。所有的研究成员和研究申办方都被要求对您的身份保密。您的档案将保存在有锁的档案柜中，仅供研究人员查阅。为确保研究按照规定进行，必要时，政府管理部门或伦理审查委员会的成员按规定可以在研究单位查阅您的个人资料。这项研究结果发表时，将不会披露您个人的任何资料。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.26

Signed name（研究者签名）: _____ Date（日期）: 2021.11.26

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.23

Signed name（研究者签名）: _____ Date（日期）: 2021.11.23

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
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Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.21

Signed name（研究者签名）: _____ Date（日期）: 2021.11.21

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.19

Signed name（研究者签名）: _____ Date（日期）: 2021.11.19

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Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.17

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本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.16

Signed name（研究者签名）: _____ Date（日期）: 2021.11.16

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.19

Signed name（研究者签名）: _____ Date（日期）: 2021.11.19

Patient Informed Consent Form
患者知情同意书

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Signed name（研究者签名）: _____ Date（日期）: 2021.11.19

Patient Informed Consent Form
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Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.14

Signed name（研究者签名）: _____ Date（日期）: 2021.11.14

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

隐私问题：
如果您决定参加本项研究，您参加试验及在试验中的个人资料均属保密.您的信息将以研究编号数字而非您的姓名加以标识。可以识别您身份的信息将不会透露给研究小组以外的成员，除非获得您的许可。所有的研究成员和研究申办方都被要求对您的身份保密。您的档案将保存在有锁的档案柜中，仅供研究人员查阅。为确保研究按照规定进行，必要时，政府管理部门或伦理审查委员会的成员按规定可以在研究单位查阅您的个人资料。这项研究结果发表时，将不会披露您个人的任何资料。

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如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.13

Signed name（研究者签名）: _____ Date（日期）: 2021.11.13

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Signed name（受试者签名）: _____ Date（日期）: 2021.11.10

Signed name（研究者签名）: _____ Date（日期）: 2021.11.10

Patient Informed Consent Form
患者知情同意书

Purpose:
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Information collection:
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Rights:

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.08

Signed name（研究者签名）: _____ Date（日期）: 2021.11.08

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.06

Signed name（研究者签名）: _____ Date（日期）: 2021.11.06

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您可随时了解与本研究有关的信息资料和研究进展,如果您有与本研究有关的问题，或您在研究过程中发生了任何不适与损伤，或有关于本项研究参加者权益方面的问题您可以随时与研究者联系。

Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.06

Signed name（研究者签名）: _____ Date（日期）: 2021.11.06

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

Privacy issues:
If you decide to participate in the study, your participation in the study and your personal data during the study will be kept confidential. Your information will be identified by a study number, not your name. Information that can identify you will not be disclosed to members outside the research group unless your permission is obtained. All study members and study sponsors are required to keep your identity confidential. Your files will be kept in a locked filing cabinet for access by researchers only. In order to ensure that the study is conducted in accordance with regulations, members of the government regulatory authority or ethical review committee may access your personal data at the research facility as required. No personal information about you will be disclosed when the results of this study are published.
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权利：

如果您因参与这项研究而受到伤害:如发生与该项临床研究相关的损害时，您可以获得免费治疗和/或相应的补偿。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.05

Signed name（研究者签名）: _____ Date（日期）: 2021.11.05

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.11.02

Signed name（研究者签名）: _____ Date（日期）: 2021.11.02

Patient Informed Consent Form
患者知情同意书

Purpose:
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Information collection:
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Rights:

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.29

Signed name（研究者签名）: _____ Date（日期）: 2021.10.29

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
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Rights:

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.25

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您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.25

Signed name（研究者签名）: _____ Date（日期）: 2021.10.25

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.19

Signed name（研究者签名）: _____ Date（日期）: 2021.10.19

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Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.10

Signed name（研究者签名）: _____ Date（日期）: 2021.10.10

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患者知情同意书

Purpose:
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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.09

Signed name（研究者签名）: _____ Date（日期）: 2021.10.09

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.08

Signed name（研究者签名）: _____ Date（日期）: 2021.10.08

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Signed name（受试者签名）[redacted] Date（日期）: 2021.10.07

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It is possible that your medical records may be used again in future studies other than this one. You may also now declare your refusal to use your medical records and pathological specimens for studies other than this one.

隐私问题：
如果您决定参加本项研究，您参加试验及在试验中的个人资料均属保密.您的信息将以研究编号数字而非您的姓名加以标识。可以识别您身份的信息将不会透露给研究小组以外的成员，除非获得您的许可。所有的研究成员和研究申办方都被要求对您的身份保密。您的档案将保存在有锁的档案柜中，仅供研究人员查阅。为确保研究按照规定进行，必要时，政府管理部门或伦理审查委员会的成员按规定可以在研究单位查阅您的个人资料。这项研究结果发表时，将不会披露您个人的任何资料。

除本研究以外,有可能在今后的其他研究中会再次利用您的医疗记录。您现在也可以声

明拒绝除本研究外的其他研究利用您的医疗记录和病理标本。

Rights:

If you are harmed as a result of your participation in the study, you may receive free medical treatment and/or appropriate compensation in the event of injury related to the clinical study.

You may opt out of the study, or notify the investigator to withdraw from the study at any time. Your data will not be included in the study results, and your medical benefits and rights will not be affected.

The study physician may terminate your continued participation in the study if you require additional treatment, if you fail to comply with the study plan, if you have a study-related injury, or for any other reason.

You can keep abreast of the information and progress of the study at any time. If you have any questions related to the study, or if you have any discomfort or injury during the study, or have any questions about the rights and interests of the study participants, you can contact the investigator at any time.

权利：

如果您因参与这项研究而受到伤害:如发生与该项临床研究相关的损害时，您可以获得免费治疗和/或相应的补偿。

您可以选择不参加本项研究，或者在任何时候通知研究者要求退出研究，您的数据将不纳入研究结果，您的任何医疗待遇与权益不会因此而受到影响.

如果您需要其它治疗，或者您没有遵守研究计划，或者发生了与研究相关的损伤或者有任何其它原因，研究医师可以终止您继续参与本项研究.

您可随时了解与本研究有关的信息资料和研究进展,如果您有与本研究有关的问题，或您在研究过程中发生了任何不适与损伤，或有关于本项研究参加者权益方面的问题您可以随时与研究者联系。

Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.06

Signed name（研究者签名）: _____ Date（日期）: 2021.10.06

Patient Informed Consent Form
患者知情同意书

Purpose:
This Informed Consent Form is intended to give fair notice of the requirements of patients seeking to participate in the research of program named “MKI67 is a potential biomarker for prostate cancer in diagnosis and prognosis based on two cohorts”, to fully disclose any risks associated with participation in the program, and to obtain written “Informed Consent” from the patient to undergo treatment.

目的：
本知情同意书旨在公平告知寻求参与“MKI67 是前列腺癌诊断和预后的潜在生物标志物——基于两个队列研究”项目研究的患者的要求，充分披露参与该项目的任何相关风险，并获得患者接受治疗的书面“知情同意书”。

Information collection:
Data will be collected including the patient's age, diabetes mellitus, high blood pressure, body mass index, prostate-specific antigen (PSA), TNM staging, Pathological Grade, expression level of MKI67 and so on. All follow-up visits will be conducted during urology clinic hours.

信息采集：
收集的数据包括患者的年龄、糖尿病、高血压、体重指数、前列腺特异性抗原(PSA)、TNM 分期、病理分级、MKI67 表达水平等。所有随访将在泌尿外科门诊时间内进行。

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Signed name（受试者签名）: [redacted] Date（日期）: 2021.10.05

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