

# Informed Consent Statement

PLAGH

I, the undersigned, confirm that (please tick box as appropriate):

1.	I have read and understood the information about the project, as provided in the Information Sheet dated <u>2015-9-8</u> .	<input checked="" type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and my participation.	<input checked="" type="checkbox"/>
3.	I voluntarily agree to participate in the project.	<input checked="" type="checkbox"/>
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	<input checked="" type="checkbox"/>
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me.	<input checked="" type="checkbox"/>
6.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.	<input checked="" type="checkbox"/>
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input checked="" type="checkbox"/>
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	<input checked="" type="checkbox"/>
9.	Select only <b>one</b> of the following: <ul style="list-style-type: none"><li>I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognised.</li><li>I do not want my name used in this project.</li></ul>	<div><input type="checkbox"/> <input checked="" type="checkbox"/></div>
10.	I, along with the Researcher, agree to sign and date this informed consent form.	<input checked="" type="checkbox"/>

## Participant:

Dong-Yun Lei

\_\_\_\_\_  
Name of Participant

Dong Yun Lei  
Signature

2015-9-8  
Date

## Researcher:

Xi-Tao Wang

\_\_\_\_\_  
Name of Researcher

Xi-Tao Wang  
Signature

2015-9-8  
Date