

知情同意书

(ICF Template)

姓名 (NAME)		性别 (GENDER)		出生日期 (DATE OF BIRTH)	YYYY/MM/DD
身高 (Height)		体重 (Weight)		受教育程度 (Final Qualification)	
国籍 (NATIONALITY)		身份证号 (ID)			

课题题目 (Project Title)	我院胃黏膜上皮内瘤变患者临床病理特点的研究
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身份 (Identity)	姓名 职称 (Name Title)	研究单位 (Institution)	
主要研究者 (Principal Investigator)	李国熊 教授/主任医师	杭州师范大学附属医院	
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合作研究者 (Co-Investigator)	周刚 副主任医师	杭州师范大学附属医院	
合作研究者 (Co-Investigator)			
合作研究者 (Co-Investigator)			
被试类型 (Subject Population)	胃镜下活检组织		
研究联系人 (Study Contact)	李国熊		
联系电话 (Telephone)		Email:	Fangjh_0812@163.com

研究目的(Purpose)

通过分别统计、检测每位患者三年间的临床、病理特点，分析不同阶段 GIN 发生发展的特征，以期为 GIN 的临床诊断、治疗及判断预后提供帮助。

实验程序(Procedure)

在经过患者的知情同意签署后，收集其临床资料、病理资料，并进行我院GIN患者资料库的建立。在随访的三年内每年收集GIN患者的不同临床特点、病理特点后，对其进行相关性分析。

费用(Costs)

无

潜在风险和副作用(Risks and Side effects)

无

补偿(Compensate)

无

隐私(Confidentiality)

本研究的结果可能会在学术期刊/书籍上发表，或者用于教学。但是您的名字或者其他可以确认您的信息将不会在任何发表或教学的材料中出现，除非得到您的允许。另外，在本研究过程中取得的能够确认您身份的照片、录音或者录像，都将在得到您的书面允许之后才会使用。(The results of this study may be published in an academic journal/book or used for teaching purposes. However, your name or other identifiers will not be used in any publication or teaching materials without your specific permission. In addition, if photographs, audio tapes or videotapes were taken during the study that would identify you, then you must give special written permission for their use.)

被试声明(Subject Statement)

我确认已经被告知本研究的目的、过程、可能的风险和副作用以及潜在的获益和费用。我的所有问题都已得到满意的回答。我已经详细阅读了本被试知情同意书。我下面的签名表明我愿意参加本研究。(I confirm that the purpose of the research, the study procedures and the possible risks and discomforts as well as potential benefits that I may experience have been explained to me. All my questions have been satisfactorily answered. I have read this consent form. My signature below indicates my willingness to participate in this study)

签名(Signature):**日期(Date):****主试声明(Experimenter Statement)**

我已经解释了研究的目的、研究的程序、潜在的危险和不适以及被试的权益，并尽最大可能回答了与研究有关的问题(I have explained the purpose of the research, the study procedures, identifying those that are investigational, the possible risks and discomforts as well as potential benefits and have answered any questions regarding the study to the best of my ability)

签名(Signature):**日期(Date):**

请您认真阅读并填写“被试知情同意书”和“被试检查单”，并注意保留被试知情同意书和实验主试的联系方式。(Please review and fill in the Research Consent Form and Screening Form carefully, and keep your Research Consent Form and the researcher's contact information.)

实验费用由研究者承担。(All of your expenses are undertaken by the researcher.)