Consent to Participate in Research

参与调查同意表

You are being asked to participate in a research study.

您受邀参加这一研究调查。

Before you agree, the investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

在你同意之前，研究员必须告知如下：(1). 研究目的，程序 和时间； (2). 任何涉及到实验的程序；(3). 任何和研究有关的可预见的风险，不适，和好处； (4). 任何潜在有益的其它程序或治疗选择； (5). 如何保证保密

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

在任何适用 研究员必须告知你：(1). 如受伤害 可以得到的补偿或是医疗治疗； (2). 不可预测风险的可能性； (3). 在什么情况下研究员可能终止你的参与的；(4). 你的任何化肥； (5). 如你决定中止参与可能发生的事宜； (6). 你会被告知可能影响你参与研究意愿的新发现；以及，(7). 参与这一研究的人数。

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

如你同意参与，你必须得到和这里同样的并经签署的文件和一书面的研究终结。

You may contact \_\_\_\_name\_\_\_\_ at \_\_\_phone number\_\_ any time you have questions about the research.

在任何时间，如你对此研究有问题 你应联系：姓名： 电话号码：\_\_\_\_\_\_

You may contact \_\_\_\_name\_\_\_\_ at \_\_\_phone number\_\_ if you have questions about your rights as a research subject or what to do if you are injured.

作为研究对象，对你的权利以及在受伤时如何处理的问题，可以电话联系，姓名 ： 电话号码：\_\_\_\_\_\_

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

你参与此言就是自愿的。如你拒绝或是终止参与，你将不会受到处罚或失掉你的利益。

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

签署本文意味着 此项研究计划包括上述信息已经口头向你描述，并且你同意自愿参与

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| signature of participant or legally authorized representative | Date |
| 参加者或是法律授权代表签名  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| signature of witness  证人签名 | Date |
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| Signature of Consenting Research Team Member | Date |