

PARTICIPANT CONSENT FORM

Project titleData: From Patient to Health Record.....

Researcher's nameYiming LI.....

Supervisor's nameBoon Giin Lee.....

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that the interview/data collection [*omit as appropriate*]. will be recorded/filmed [*omit as appropriate*].
- I understand that data will be stored in accordance with data protection laws.
- I understand that I may contact the researcher or supervisor if I require more information about the research, and that I may contact the Research Ethics Sub-Committee of the University of Nottingham, Ningbo if I wish to make a complaint related to my involvement in the research.

Signed (participant)

Print name **Date**

Contact details

Researcher: scyy13@nottingham.edu.cn

Supervisor: boon-giin.lee@nottingham.edu.cn

UNNC Research Ethics Sub-Committee Coordinator:

Joanna.Huang@nottingham.edu.cn

参与者同意书

项目标题Data: From Patient to Health Record.....

研究者姓名李懿鸣.....

导师姓名Boon Giin Lee.....

- 本人已阅读声明，项目组织者已经我解释了研究项目的性质和宗旨。本人理解并同意参与。
- 本人理解项目的目的和在项目中的参与作用。
- 本人明白可以在研究项目的任何阶段退出，不会因此影响现在以及将来的状况
- 本人明白研究过程中信息可能会被公开，但本人身份不会被确认，个人的调查结果始终是被保密。
- 本人知道面谈/数据采集（酌情省略）将会被录音/拍摄（酌情省略）
- 本人了解数据会根据数据保护相关法律进行存储
- 本人知道，如果需要进一步有关研究的信息可以联系研究者或者导师，如果需要对参与研究提出投诉则可以联系宁波诺丁汉大学科研伦理小组委员会。

参与者签名.....

日期.....

联系方式

研究者: scyy13@nottingham.edu.cn

导师: boon-giin.lee@nottingham.edu.cn

诺丁汉大学研究道德委员会秘书: Ms Joanna Huang (Joanna.Huang@nottingham.edu.cn)