Consent form

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Name of trial: The FLEBER study

Fluorescent cystoscopy-assisted en bloc transurethral resection versus conventional transurethral resection in patients with non-muscle invasive bladder cancer

Participants should a tick box when they receive explanation and understand each item.

【Explanation】

☐ Regarding this clinical trial
☐ Research organization for this clinical trial
☐ Reasons for being selected as a subject of clinical research
  ➢ About your disease and surgery
  ➢ Purpose of this clinical trial
  ➢ Criteria for participation in this clinical trial
  ➢ Treatment after the end of clinical trial
  ➢ Handling of results after the end of clinical trial
☐ Expected benefits and possible disadvantages
☐ Participation in and withdrawal from this clinical trial
☐ If you want to withdraw your participation in this clinical trial
☐ There is no disadvantage to refusing to participate in this clinical trial or withdrawal

☐ Disclosure of information on this clinical trial
☐ Regarding materials related to this clinical trial
☐ Regarding privacy protection
☐ Storage and usage of samples / information and storage period
☐ Secondary use of data obtained in this clinical trial
☐ Funding sources and conflicts of interest
☐ Contact for inquiries regarding this trial
☐ Regarding the cost of clinical research
☐ Other treatments for your disease
☐ When this clinical trial causes health hazards
☐ Regarding the Medical Ethics Review Committee
☐ What I want you to protect
☐ After the trial is completed, the data and information should be saved and anonymized for use in the possible future research

【Participant’s signature】

In participating in this research, I have received sufficient explanations about the above matters, received explanatory documents, and fully understood the contents, so I agree to participate in this trial. We have confirmed that this consent can be withdrawn at any time.

Agreement date: 20__/__/____  Signature: ____________________________

Adress: ___________________________________________________________  Birth: ________/______/____

【Signature of medical doctor or research collaborator】

I (we) fully explained the clinical research using explanatory documents regarding the above explanations.

Explanation date: 20__/__/____  Affiliation: _________________  Signature: ____________________________