

## Consent Form

Dear Director of the \_\_\_\_\_ Hospital

Study Title : ReLatlonship BEtween implementation of evidence-based and supportive

ICU cAre and ouTcomes of patlents with acute respiratOry distress syndrome

~LIBERATION Study~

I have received the following explanation and understand the content of the clinical research. I voluntarily agree to participate in this clinical research.

- |  |   |
|--|---|
| 1) Introduction: What is clinical research?                  | 12) Protection of your personal information                           |
| 2) Background of this study                                  | 13) Attribution of the results / secondary analysis                   |
| 3) Objective   | 14) Research group and fundings                                       |
| 4) Methods   | 15) Conflict of interests   |
| 5) Benefits and disadvantages of participating in this study | 16) Costs and rewards during the study                                |
| 6) Treatment strategy in case of non-participation           | 17) Treatments after the completion of this study                     |
| 7) Participation based on your will                          | 18) Registration of this study  |
| 8) Withdrawal from this study                                | 19) The ethics committee  |
| 9) What you need to do during this study                     | 20) Contact information of the chief investigator or at the hospital  |
| 10) New findings of this study                               | 21) Organization related to this study and the principal investigator |
| 11) Treatment and Compensation in case of adverse events     |   |

### <The patient will fill in the following>

Consent Date (Month/Day/Year):\_\_\_\_\_ Signature\_\_\_\_\_

### <In case, family members provide the consent>

Consent Date (Month/Day/Year):\_\_\_\_\_ Signature\_\_\_\_\_

Name of the patient\_\_\_\_\_ Relationship to the patient\_\_\_\_\_

### <Investigators at the relevant hospital need to fill in the following >

Explanation Date (Month/Day/Year):\_\_\_\_\_ Signature\_\_\_\_\_

## Consent Withdrawal Form

Dear Director of the \_\_\_\_\_ Hospital

Study Title : ReLationship BEtween implementation of evidence-based and supportive

ICU cAre and ouTcomes of patlents with acute respiratOry distress syndrome

~LIBERATION Study~

I have given my consent to participate in this study, but I withdraw my consent.

☐ I will withdraw my consent to participate in this study.

- Regarding information obtained in this study before the withdrawal of consent

☐ Do not use it

☐ You can use it

- Regarding the use of information obtained before the withdrawal of consent in this study for another stud

☐ Do not use it

☐ You can use it

- Regarding the use of samples (blood, tissue, etc.) obtained in this study before the withdrawal of consent for another study

☐ Do not use it

☐ You can use it

☐ I will not withdraw my consent to participate in this study, but

- ☐ I will withdraw my consent to the use of information obtained in this study for other studies.

**<The patient will fill in the following>**

Withdrawal Date (Month/Day/Year): \_\_\_\_\_

Signature \_\_\_\_\_

**<In case, family members provide the withdrawal of the consent>**

Date (Month/Day/Year): \_\_\_\_\_ Signature \_\_\_\_\_

Name of the patient \_\_\_\_\_ Relationship to the patient \_\_\_\_\_

**<Investigators at the relevant hospital need to fill in the following >**

Date to confirm the withdrawal (Month/Day/Year): \_\_\_\_\_

Signature \_\_\_\_\_