Consent Form

Dear Director of the 　　　　　　　　　Hospital

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

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

**＜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 patIents 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