

## Consent Form

To the Director of The University of Tokyo Health Service Center,

Research project “Study on SARS-CoV-2 Antibody Titer Measurement in Human Serum and Utilization of the Results”. (Review Number: 2020052NI(1))

I hereby confirm that I have been given explanations about participating in the above research according to the explanatory document and fully understand it. I agree to be a participant of this study.

I have been given explanations on the following points and understand them.

- ☐ Outline of the study
- ☐ The voluntariness of participation in the study and the freedom of withdrawal
- ☐ Protection of personal data
- ☐ Publication of the study result
- ☐ Benefits and disadvantages to the study participants
- ☐ The information handling policy after the completion of the study
- ☐ Burden of costs
- ☐ Others

I agree to be contacted in about a year about participating this study again.

YES (I agree to be contacted using the contact information written in the questionnaire. I will decide whether or not to participate at that time.)

NO (This will be my last participation.)

I wish to receive the results of my antibody titers. I understand that the significance of the titer is not guaranteed at the point of participation in this study.

YES

NO

I agree that my information collected for the study will be kept for a long time as important resource to implement new study in future.

YES (My information may be kept even after the termination of the study.)

NO (My information shall be immediately discarded at the termination of the study.)

Date \_\_\_\_\_ (day/month/year)

Signature (of participant) \_\_\_\_\_

Name (of participant) \_\_\_\_\_

Only for those under 20 years old: Consent from the guardian is required.

Guardian's Signature \_\_\_\_\_