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| KMUH IRB Number IRB編號 |  |
| Protocol Title and Number研究計畫名稱及編號 | Chinese:English: Protocol Number: |
| Duration of Study計畫執行期間 | yyyy/mm/dd to yyyy/mm/dd |
| Contents:**擔保書內容應包含右列項目。****The letter of guarantee shall contain the following.** | 1. Purpose of the study (Genetic, Non-genetic or Both of them)? Please indicate if samples will be stored for future unspecified purposes. When future purpose is indicate, a separate protocol and informed consent form of the samples should be sent to the original IRB for review.基因或非基因相關研究目的；請註明是否包含未來非特定目的之檢體儲存計畫；2. Description of the samples study scope檢體研究範圍說明3. If the samples are not stored, it a reassurarce that the conduct of the experimental study will be restricted to the specific purposes as agreed by the subject. After the conclusion of the study the samples will be destroyed, and will not be used for purposes other than those given in ICF應載明研究試驗執行僅限於受試者同意之特定目的範圍，即銷毀檢體，並保證不轉為其他非特定目的之檢體儲存計畫4. Location of samples storage, management, and analysis檢體儲存處理分析地點5. Protocol for the protection of subjects' privacy (for instance double coded, delinked)受試者隱私權維護機制(例如：雙重編碼、永久去連結)6. Guarantee the sample will not be used for other than biomedical study without an additional protocol and informed consent form that must be reviewed and approved by the IRB prior to the conduct of additional study.保證不會作為生物醫學研究以外之用途7. Guarantee to follow medical and study ethics. The informed consent form includes all details relevant to the study. The subject has been fully informed on the contents of the ICFs and fully understands its contents. Following approval of this form, the study will be initiated as stated.保證遵行醫學及研究倫理，並應將本研究相關事項載明於同意書，並已可理解之方式告知受試者，取得其書面同意後，始得為之8. Description of the necessity to send abroad for investigation有送往其他國家檢查必要性之說明 |
| Provide to此致 Kaohsiung Medical University Chung-Ho Memorial Hospital高雄醫學大學附設中和紀念醫院 Principal Investigator計畫主持人： （Signature親筆簽名）Unit單位： Job Title職稱： Date日期： (YYYY/MM/DD)Authorised Signatory檢體接收單位負責人： Country國家/ Institutions or Unit機構或單位： Date日期： (YYYY/MM/DD) |