Informed consent form

**Subjects informed consent statement:**

1. I have read the informed consent and fully understood all the content.
2. I have the opportunity to ask questions and all the questions have been answered.
3. I understand that participating in this study is voluntary.
4. I can choose not to participate in this study, and my medical treatment, rights and interests will not be affected.
5. If I need any other treatment, or I don't follow the research plan, or I have something to do with the study for injury or any other reasons, the researchers may terminate my participation in this study.
6. I will receive a copy of the signed "informed consent form".

Signature:
Date:

**Researchers informed consent statement:**

1. I have informed the subjects or their representatives of the purposes, methods, procedures, risks and benefits of the study.
2. Given them enough time to read the informed consent, and I answer all the questions.
3. I have informed the subjects of the contact information when there is a problem.
4. I have informed the subjects or their legal representatives that they has no reason to withdraw from this study during the period at any time.

Signature:
Date: