

**INFORMED CONSENT FORM (FOR CAREGIVER)**

**Research Title:** Effectiveness of Hand-Arm Bimanual Intensive Therapy Including Lower Extremities (HABIT-ILE) and home-based HABIT-ILE among children with bilateral cerebral palsy

**Researcher's Name:** Dr. Dzalani Binti Harun, Dr. Chai Siaw Chui, Dr. Asfarina Binti Zanudin, Prof. Daniela Silvia Adriana Ebner Karestinos, Prof. Rodrigo Antonio Araneda Oyaneder, Prof. Gao Liqun, Qu Yalan

I, ....., IC No: .....

- have read the information in the Information Sheet **including information regarding the risk in this study.**
- have been given time to think about it and all of my questions have been answered to my satisfaction.
- understand that I may freely choose to withdraw from this study at anytime without reason and without repercussion.
- understand that my anonymity will be ensured in the write-up.

I voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the researchers or other staff members, as requested.

.....  
(Signature)

.....  
(Date)

	<p>..... Researcher</p> <p>..... (Signature)</p> <p>..... (IC Number)</p> <p>..... (Date)</p>
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科研同意书（阶段二）（家长）

研究课题：

手一臂一下肢双侧强化训练 (HABIT-ILE) 和以家庭为基础的手一臂一下肢双侧强化训练在双侧脑瘫儿童的有效性研究

研究者名字： Dr. Dzalani Binti Harun, Dr. Chai Siaw Chui, Dr. Asfarina Binti Zanudin, Prof. Daniela Silvia Adriana Ebner Karestinos, Prof. Rodrigo Antonio Araneda Oyaneder, 高立群教授, 渠雅兰

姓名.....身份证号码.....

- 已阅读研究资料中的信息，包括有关本研究风险的信息。
- 充分考虑，我的所有疑惑都得到了满意的回答。
- 明白我可以在任何时候自由选择退出这项研究，不需要任何理由，也不会产生任何影响。
- 获知在后续行文中我的隐私和匿名权将得到保证。

我自愿同意参与这项研究，遵守研究程序，并按要求向研究人员或其他工作人员提供必要的信息。

.....  
(签名)

.....  
(日期)

	<p>..... 研究者</p> <p>..... (签名)</p> <p>..... (身份证号码)</p> <p>..... (日期)</p>
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**INFORMED CONSENT FORM (FOR THERAPIST)**

**Research Title:** Effectiveness of Hand-Arm Bimanual Intensive Therapy Including Lower Extremities (HABIT-ILE) and home-based HABIT-ILE among children with bilateral cerebral palsy

**Researcher’s Name:** Dr. Dzalani Binti Harun, Dr. Chai Siaw Chui, Dr. Asfarina Binti Zanudin, Prof. Daniela Silvia Adriana Ebner Karestinos, Prof. Rodrigo Antonio Araneda Oyaneder, Prof. Gao Liqun, Qu Yalan

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I voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the researchers or other staff members, as requested.

.....  
(Signature)

.....  
(Date)

	<p>..... Researcher</p> <p>..... (Signature)</p> <p>..... (IC Number)</p> <p>..... (Date)</p>
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科研同意书（阶段二）（治疗师）

研究课题：

手—臂—下肢双侧强化训练 (HABIT-ILE) 和以家庭为基础的手—臂—下肢双侧强化训练在双侧脑瘫儿童的有效性研究

研究者名字： Dr. Dzalani Binti Harun, Dr. Chai Siaw Chui, Dr. Asfarina Binti Zanudin, Prof. Daniela Silvia Adriana Ebner Karestinos, Prof. Rodrigo Antonio Araneda Oyaneder, 高立群教授, 渠雅兰

姓名.....身份证号码.....

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.....  
(签名)

.....  
(日期)

	<p>..... 研究者</p> <p>..... (签名)</p> <p>..... (身份证号码)</p> <p>..... (日期)</p>
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