

Informed Consent Form

Effects of Somatic Acupressure on Fatigue-Sleep Disturbance-Depression Symptom Cluster in Breast Cancer Survivors: A Phase III Randomized Controlled Trial

Participant’s declaration:

- ✓ I have read the Participant Information Sheet with explanations of this study, and I can fully understand it.
- ✓ I consent to participate in this study.
- ✓ I know my questions about this study will be answered properly by the researchers, and I can ask any questions I want.
- ✓ I know that I will not receive any additional compensation for participating in this study.
- ✓ I voluntarily participate in the study and understand that I am free to may withdraw from the study at any time.
- ✓ I know that there will be not any negative consequences for me if I withdraw from the study.
- ✓ I know the researchers will keep my personal information confidential so far as the law allows.
- ✓ I know that the information obtained from this research will be used for further research in the future and for publication in academic journals or presentations at conferences, but my privacy rights will be reserved.
- ✓ I agree that all the data collected from the study will only be with researchers within this project.
- ✓ I agree to be contacted by phone or WeChat.

I will be provided with a copy of this Informed Consent Form containing the signature of me and the PhD researcher.

Researcher’s declaration: I have verbally explained the aims, process, significance, and risks of the study to the participants and have answered all of their questions about the project, and I believe that the participants have fully understood my explanations.

Signature of participant: _____ Date: _____ (YYYY-MM-DD)

Signature of PhD researcher: _____ Date: _____ (YYYY-MM-DD)

Signature of Independent Witness: _____ Date: _____ (YYYY-MM-DD)