

## Consent to Participate in Research

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about:

- (i) the purposes, procedures, and duration of the research;
- (ii) any procedures which are experimental;
- (iii) any reasonably foreseeable risks, discomforts, and benefits of the research;
- (iv) any potentially beneficial alternative procedures or treatments;
- (v) how confidentiality will be maintained; and
- (vi) who to contact with questions, complaints, and injuries.

Where applicable, the investigator must also tell you about:

- (i) any available compensation or medical treatment if injury occurs;
- (ii) the possibility of unforeseeable risks;
- (iii) circumstances when the investigator may halt your participation;
- (iv) any added costs to you;
- (v) what happens if you decide to stop participating;
- (vi) when you will be told about new findings which may affect your willingness to participate;
- (vii) how many people will be in the study; and
- (viii) how you need to authorize use of your medical information for the study.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate. If you agree to participate, you must be given a signed copy of this document and a written summary of the research in English.

### Questions?

If you have questions, complaints, injuries, or concerns about this study, you can contact the investigator using the phone numbers in the written study summary. If you have questions regarding your rights as a research participant, or if you have questions, complaints or concerns which you do not feel you can discuss with the Investigator, please contact the Institutional Review Board Office by using the phone number or email address in the written study summary.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date