

**DATE:** March 4, 2015

**PI's NAME:** N/A

**IRB #:** N/A

**STUDY TITLE:** N/A

*The attached translated document is an accurate Spanish translation of the English version.*

- *Spanish Short Form Consent Document Template*

*I am a Spanish translator and a native speaker based on a Bachelors degree in translation. I am also a CERTIFIED HEALTHCARE INTERPRETER™, by the National Certification Commission for Healthcare Interpreters. I assure the University of Utah Institutional Review Board that this translation is accurate to the best of my knowledge.*

*I also assure the University of Utah IRB that I am acting independently from the principal investigator and am not affiliated with this study in any way.*

*If you have any questions, please contact me using the information below.*

*Phone: (801) 585-6745  
Pager: (801) 339-6336  
Email: Amanda.barrios@hsc.utah.edu*

*Thank you,*



*Carmen Amanda Barrios, CHI™  
Spanish Translator/Interpreter*