Short Form Consent to Participate in Research

You are being asked if you want to join a research study. Before you agree to join the study, a member of the study team must tell you some things about the research. You will be told

a. the purpose of the research
b. what will happen to you during the research
c. how long the research will take and how long you will be asked to participate
d. any parts of the research that are experimental (something that is being tested)
e. any risks or parts of the research that might hurt you or make you feel uncomfortable
f. any benefits to you or others that could come from the research
g. any treatments or procedures that might benefit you instead of the research (alternatives)
h. some identification of whom your data will be shared with
i. about how your confidentiality and the privacy of your information will be protected.

The study staff must also tell you the information below if it applies to this study

a. if you will receive any compensation (money or free medical treatment) if you are injured while you are in this research study
b. if there might be risks that we don’t know about now but could happen in the future
c. if there are reasons why the researchers may stop you from being in the study
d. any costs for you for being in the study
e. what happens if you want to stop being in the study
f. when you will be told about new findings that may cause you to change your mind about being in the study
g. how many people will be in the study.

After you are told all the information above the study staff will ask you if you want to be in the study. If you agree then the study staff will ask you to sign this form. You must be given a signed copy of this form in your own language. You will also be given a written summary of the research in English.

You or your interpreter may call __________________ at __________________ any time you have questions about the research or what to do if you are injured. You or your interpreter may call the BUMC IRB Office at 617-638-7207 if you have questions about your rights as a research subject.

You are free to decide whether or not you want to be in this research study. It is up to you. You can decide that you do not want to be in the study. You can decide to be in the study and stop at any time. If you decide not to be in the study or if you decide to stop you will not lose any benefits to which you are entitled. No matter what your decision it will not change the way you are treated by the staff but if you decide to be in the research study it could change your treatment plan.

Signing this document means that the research study was explained to you. This means that you were told all of the information above. If you sign this form it means that you agree to be in the study.

Printed name of subject __________________ Signature __________________ Date ______

Name of person obtaining consent __________________ Signature __________________ Date ______

Printed name of witness __________________ Signature __________________ Date ______