



**INVESTIGATIONAL CONSENT**

Patient Identification

**Consent to Participate in Research  
(Short Form)**

Principal Investigator:

Title of Study:

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 reasonable foreseeable risks, discomforts, and benefits of research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

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; and (vii) how many people will be in the study.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact \_\_\_\_\_ at \_\_\_\_\_ any time you have questions about the research.

You may contact \_\_\_\_\_ at \_\_\_\_\_ if you have questions about your rights as a research subject or what to do if you are injured.

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 orally, and that you voluntarily agree to participate.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Signature of Person Providing Consent

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

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

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Date