Sample Informed Consent Form #2

(See Guidelines for Informed Consent Form and Information Sheet)

Consent to be a Subject in a Research Study

I have been informed by __________________________, a __________________________ from __________________________ that he/she is requesting I consent to be a subject in research being conducted. I understand that the purpose of this research is see guideline #1 attached. [As this is a study in which the subjects cannot be informed of the purpose of the research to avoid testing bias, I understand I can find out what its purpose was at the conclusion of the research.]

I was informed that the study would involve the following procedures: see #2. I may be the recipient of the following benefits as a result of these procedures see #2. [As these research procedures constitute treatment for a condition I suffer from, it has been explained to me and I understand what alternative treatments (if any) are available.] I understand that there are risks associated with these research procedures, even when all precautions are taken. These risks include (but are not limited to): see #2. I am aware that other unexpected risks or complications which were not discussed may occur and that no guarantees or promises have been made to me concerning the results of any research procedure.

I am aware that I may withdraw my consent to any research procedure, or discontinue my participation in this research study at any time, and that such withdrawal or discontinuation will not result in any penalty or loss of benefits to which I am otherwise entitled. However, my withdrawal or discontinuation may result in my dismissal from the research study and any benefits derived therefrom (see #3).

I understand that I may refuse to answer any question or to submit to any procedure, at any time, without having to specify a reason for such refusal. However, such refusal on my part may result in my dismissal from the research study, if the answer or procedure is deemed crucial to the study objectives by the research(s) (see #4).

I understand that any data collected and subsequently published or released will not identify me individually, and that all personal identification information will be kept in the strictest confidence by the researcher(s). I have been informed that the data collected during this research study may be used to: see #5.

If I have any questions about the research, I may contact __________________________ (see #6).

I, __________________________, have read and understand all of the above statements, and agree to be

(print name)
a research subject in the described research study. (see #7)

_________________________________  __________________________________
Signature of Subject               Signature of Witness

____________________________________   __________________________________
Signature of Parent or Person       Date
Authorized to Consent for Test Subject

If the subject is unable to consent or is a minor, complete one of the following:

1. Subject is a minor, _____________ years of age.

2. Subject is unable to consent because

_____________________________________________________________________

(see #8)