Short Form English (4/26/04)

Consent to Participate in a Research Study

Subject's Name: _____ IRB Study #: _____

Medical Record/Subject ID #: _____

You or your child is being asked to participate in a research study. A research study is how scientists (doctors, nurses and other professionals) try to understand how things work and gain new knowledge. A research study can be about how the body works, what causes disease, how to treat diseases, or what people think and feel about certain things.

Before you decide whether you or your child will participate in this research study, the investigator must tell you about (i) the purposes of the research study, the activities that will take place these are called procedures, and how long the research will last; (ii) any procedures that are experimental (being tested); (iii) any likely risks, discomforts, and benefits of the research; (iv) any other potentially helpful procedures or treatment; and (v) how your privacy will be maintained.

Where applicable, the investigator must also tell you about (i) any available payment or medical treatment if injury or harm occurs; (ii) the possibility of unknown risks; (iii) situations when the investigator may stop 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 that 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 copy of the approved consent form for this study written in English.

You may contact _____ at _____ any time you have questions about the research or about what to do if you are injured. You may contact the Institutional Review Board, at 860-679-1019 if you have any questions about your rights as a research subject.

Your participation in this research is voluntary (your own choice), 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.

_____

Signature of Participant Date

_____

(if applicable) Signature of Legally Authorized Representative Date

_____/_____ _____

Printed Name/Signature of the Witness Date