Consent to Participate in Research

The use of "you" throughout this document refers to the research participant. It also refers to the person authorized to give consent for the subject's participation in this research study.

You are being asked to participate in a research study. Before you agree, you must be provided with a summary of the key information to help you understand the reasons why you might or might not want to join the 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 reasonably foreseeable risks, discomforts, and benefits of the research;
(iv) any potentially beneficial alternate procedures of treatment;
(v) how confidentiality will be maintained; and
(vi) who to contact with questions, complaints, and injuries

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 stop your participation;
(iv) any additional 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;
(vii) how many people will be in the study; and
(viii) how you need to authorize use of you medical information for the study.

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 form means that the research study, including the above information has been described to you orally, and that you voluntarily agree to participate. If you agree to participate, you must be given a signed copy of this document and a written summary of the research in English.

If you have questions, complaints, injuries, or concerns about this study, you can contact the investigator using the phone numbers in the written study summary. If you have questions regarding your rights as a research participation, or if you have questions, complaints or concerns which you do not feel you can discussion with the study team, please contact the Human Research Protection Advocate by using the phone number in the written study summary.

_____	_____	_____
Signature of Participant	Name of Participant	Date/Time (if required)

Witness

By signing this form, you are indicating that:

- The information in the Summary Document as well as any additional information conveyed by the person obtaining consent was presented to the subject in a language preferred by and understandable to the subject; and
- The subject's questions were interpreted and the responses of the person obtaining consent were presented in a language preferred by and understandable to the subject.
- At the conclusion of the consent conference, the subject was asked in a language preferred by and understandable to the subject if s/he understood the information in the Summary Document as well as any additional information conveyed by the person obtaining consent (including responses to the subject's questions) and responded affirmatively.

_____	_____	_____
Signature of Witness	Name of Witness	Date/Time

Interpreter Attestation:

I affirm that I interpreted the summary as presented, as well as the patient's questions and the researcher's responses to the best of my ability.

_____	_____	_____
Signature of Interpreter	Name of Interpreter	Date/Time