|  |
| --- |
| **HRP-507 - Template - Consent Document - Short Form**  **Informed Consent Template for Short Form To Researcher When Using This Template**   * *Italicized* *text* is instructional language and should be deleted from the final consent form. DELETE this table from final consent form * Standard text (non-italicized) is language that can be directly used or directly inserted. * *Written summary requirements:*    + *The IRB must approve a written summary of what is to be said to the subject or the legally authorized representative.*   + *The witness must sign both the short form and a copy of the summary.*   + *The person actually obtaining consent must sign a copy of the summary.*   + *A copy of the summary shall be given to the subject or the subject's legally authorized representative, in addition to a copy of the short form.*   *V19-01 (1-21-2019)* |

***THIS DOCUMENT MUST BE WRITTEN IN A LANGUAGE UNDERSTANDABLE TO THE SUBJECT***

**Consent to Participate in Research**

You are being asked to participate in a research study.

Informed consent must begin with a concise and focused presentation of the key information that is most likely to assist you in understanding the reasons why you might or might not want to participate in the research. The key information must be presented first, before other information, if any, is provided.

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 alternative procedures or treatments; and (v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about [*include as applicable*] (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; (vii) how many people will be in the study, (viii) for any research that involves the collection of identifiable private information or identifiable biospecimens, a statement regarding future use, (ix) a statement that the subject's biospecimens (even if identifiers are removed) may be used for commercial profit and whether the subject will or will not share in this commercial profit, (x) a statement regarding whether clinically relevant research results, including individual research results, will be disclosed to subjects, and if so, under what condition, and (xi) for research involving biospecimens, whether the research will (if known) or might include whole genome sequencing (i.e., sequencing of a human germline or somatic specimen with the intent to generate the genome or exome sequence of that specimen).

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

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher (name and complete contact information: mailing address, e-mail address, phone number).

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

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 to you orally, and that you voluntarily agree to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of legally authorized participant date

[only include if applicable]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness date