

**Oregon Health & Science University
Consent to Participate in Research**

Title:

Principal Investigator:

Telephone Number:

Co-Investigator:

Sponsor:

You are being asked to participate in a research study.

Before you agree to participate, the investigator must tell you:

1. why the research is being done, what you will have to do, and how long you will be in the research;
2. which parts of the study are experimental;
3. about the risks and benefits of the research;
4. what other choices you have if you prefer not to join the research study; and,
5. how information about you will be protected.

Depending on the study, the investigator may also tell you about:

1. what will happen if you are harmed by the study;
2. new risks that may be discovered during the study;
3. the reasons why you may be asked to leave the study before it is completed;
4. any added costs to you;
5. what happens if you decide to stop participating in the study;
6. how you will be told if new risks are discovered; and,
7. 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 _____
Investigator's Name

at

_____ Phone Number

any time you have questions about the research.

You may contact the OHSU Research Integrity Office at (503) 494-7887 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.

IRB#: _____
Protocol Approval Date: _____

When you sign this document, it means that the researchers have described the research study to you verbally, including the above information, and that you agree to participate voluntarily.

Signature of Participant: _____ Date: _____

Signature of Witness: _____ Date: _____