McLaren HEALTH CARE

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SHORT FORM
Consent to Participate in a Research Study

I have been asked to take part in a research study. The following information has been explained to me orally, in a language I understand:

- Why the study is being done and what I have to do during the study
- Which parts of the study are research and how long I will be in the study
- Any risks, benefits, or discomforts of the research for me or others
- Other treatments I can have if I don't join the study
- Who may see my study records
- How my study records will be kept private
- How I can receive medical care if I am hurt in the study and whether I will have to pay for it
- Whether the study will cost me anything
- The situations in which the study doctor could take me out of the study
- What happens if I decide to stop being in the study
- How I will be told about any new information about the study, especially if this information may affect my decision to be in the study
- How many people will be in the study

I may contact Dr. _____ at _____ at any time if I have questions about the research or if I think I have been hurt by the research.

If I have questions about my rights while taking part in this study, if the study staff cannot be reached, or if I have questions, complaints or concerns about the study that I do not feel I can discuss with my study team, I may contact the McLaren Heath Care Human Research Protections Program at (248) 484-4950, Fax (248) 276-9732, or e-mail hrpp@mclaren.org or regular mail at 2701 Cambridge Ct., Suite 110, Auburn Hills, MI 48326

Signing this form means that the research study has been described to me orally, and that I voluntarily agree to take part in the study. If I agree to be in the study, I will be given a signed copy of this form and a written summary of the study.

_____ _____
Signature of Participant Date[1]

_____
Printed Name of Participant

_____ _____
Signature of Witness Date[1]

_____
Printed Name of Witness

[1] Each person who signs the informed consent form must personally enter the date for his/her signature.