Consent to Participate in Research (Short Form)

How to Use This Form:
Use this short form only with patients who speak languages other than English and where a full consent (long form) translation is not available. The criterion for requiring translations of consent forms (CF) and other subject materials is based on the native language of the expected study population. If the expected study population have a > 5% native language other than English (which is the case of the Spanish-speaking population in Springfield), then studies must have the full consent document and research materials translated into that language. This criterion is generally waived if it involves a study of <10 patients with no expectation of benefit (i.e. pilot studies) or a study that has an expected enrollment period of <42 days. If someone who does not speak English becomes available for a study that fits the above description, then this short form of the CF can be used. Otherwise a translated full CF approved by the IRB must be available and used at the time of participant enrollment (see Translations and Use of Interpreters Fact Sheet).

This short consent contains a summary of the informed consent elements found in the long form. It is to be administered with an oral presentation of the IRB approved long CF. When this short form is used, an interpreter arranged for through Interpreter Services must be present. This short form is then signed by the subject and the witness (interpreter). The CF long form is signed by the witness (interpreter) and the person obtaining consent. A copy of both the short form and the CF long form are given to the subject.

Project Title: ______________________________________________________________
Study Sponsor: ___________________________________________________________
Principal Investigator: ____________________________ IRB #: __________
Study Participant: _________________________________________________________

You are being asked to participate in a research study.
Before you agree to participate, the study doctor must tell you about:
  1) Why the research study is being done;
  2) What is involved in the study including study procedures;
  3) How long will you be in the study;
  4) What expected risks or problems you could experience;
  5) Will you benefit from the study;
  6) How your privacy will be protected.
If it applies, the study doctor must also tell you about:

1) Any compensation or medical treatment you will receive if you get hurt;
2) The possibility of unexpected risks;
3) Reasons why the study doctor may take you out of the study;
4) Any added costs to you;
5) What happens if you decide to stop being in the study;
6) When you will be told about new information that might affect your decision to be in the study;
7) The number of people who will be in the study.

If you agree to be in the study, you will be given a signed copy of this document and a written summary of the study.

You may contact ___________________________ phone number__________________ any time you have questions about the study.

You may contact ___________________________ phone number__________________ if you have questions about your rights as a study volunteer or what to do if you get hurt.

Your being in this research is voluntary. If you choose to not be in the study or decide to stop being in the study later on, it will not affect your relationship with your doctor or with this hospital and will not result in any penalty or loss of benefits.

Signing this form means that the study, including the above information, has been described to you orally, in a language that you understand, that you have had the chance to ask questions and have them answered, and that you are volunteering to take part in this research study.

__________________________  __________________________  ____________
Participant’s Name (Print)   Participant’s Signature   Date

__________________________  __________________________  ____________
Witness’ Name (Print)       Witness’ Signature       Date

You will receive a copy of this form after it has been signed and dated.

This short form must be attached to the CF long form.