McLaren HEALTH CARE

Version: 1/21/19

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.

Elements of informed consent required by 45 CFR 46.116 have been presented orally to the subject or the subject's legally authorized representative, and that the key information required by 45 CFR 46.116(a)(5)(i) was presented first to the subject, before other information, if any, was provided.

_____ _____
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.