

The Ohio State University Consent to Participate in Research

Study Title:

You are being asked to be in a research study.

Before you agree, the researcher must tell you about:

- Why the study is being done
- What will happen in the study and how long you will be asked to take part in the study
- Any procedures that will only be done because you are in the study
- What risks or discomforts you can expect from being in the study
- Possible benefits to you or others
- Other choices you have besides being in the study, and
- How information obtained about you in the study will be kept private.

Depending on the study, the researcher must also tell you about:

- Any payment or medical treatment that is available if you are harmed in the study,
- The possibility that there may be unexpected risks,
- When the researcher may stop you from taking part in the study,
- What happens if you decide to stop being in the study,
- When you will be told about any new findings that may affect your decision to continue to take part in the study,
- Any added costs to you, and
- How many people will be in the study.

You may choose if you want to take part in this study. You may choose not to take part in this study. If you decide to take part in the study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you. You will not lose any of your usual benefits.

For questions, concerns, or complaints about the study you may contact _____
at _____.

For questions about your rights as someone taking part in this study, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251. You may call this number to discuss concerns or complaints about the study with someone who is not part of the research team.

If you are injured as a result of taking part in this study, you may contact _____
at _____.

Short Form
[English]

IRB Protocol Number:
IRB Approval Date:
Version:

Signing this form means that the study has been described to you. You must be given a chance to ask questions. Before choosing to take part in the study, you should have all of your questions answered.

You are not giving up any legal rights by signing this form. You will be given a copy of this form. You will also be given a written summary of the study.

Printed name of subject

Signature of subject

Date and time

AM/PM

Printed name of witness

Signature of witness (required)

Date and time

AM/PM