

Short Form Consent to Participate in Research

You are being asked to participate in a research study. Before you agree to enter the study, it is important that you receive a clear explanation of the study in a language that you can understand. The following is a list of what you are agreeing to when you sign this consent form.

A translator who is either one of the investigators conducting the study or one of their representatives has explained to you about the:

1. purposes of the research, the procedures, and how long the research will last;
2. any procedures which are experimental;
3. any reasonably foreseeable risks (possible risks known at this time), discomforts and benefits of the research
4. any potentially beneficial alternative procedures or treatments; and
5. how confidentiality will be maintained.

When indicated for this study, you have been told about:

1. any available compensation or medical treatment if you are injured during the research;
2. the possibility of unforeseeable risks (risks not known at this time);
3. circumstances when the investigator may stop your participation;
4. any added costs to you;
5. what happens if you decide to stop participating;
6. when you will be told about new findings which may affect your willingness to participate; and
7. how many people will be in the study.

You have been told you can contact _____, the Principal Investigator (PI) at _____, if you have questions about or problems with the study and the Allina Health Institutional Review Board Administration Office at 612-262-4920 if you have any questions about your rights as a research participant, the research study, or what to do if you are injured.

You have been told that your participation in this research is voluntary and that you will not be penalized or lose benefits if you refuse to participate or decide to stop after you have agreed to participate.

If you agree to participate, you have been told you will be given a signed copy of this document and a written summary of the research in the English language.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

Signature of Participant/Legally Authorized Representative/Relationship

Date & Time

Signature of Witness

Date & Time