***This template (NCI CIRB Deferred) is for studies that were deferred to NCI CIRB for review.***

***Instructions:***

The NCI CIRB approved consent form should be used for these studies. The MCW IRB required template language that must be included in that consent form is below.

1) The language has been permitted by NCI CIRB and may not be changed.

2) Section header names in the NCI CIRB consent cannot be changed.

3) The order of the NCI CIRB consent cannot be changed.

4) Use BLACK font when entering the MCW required template language into the NCI CIRB consent form.

**Medical College of Wisconsin**

**INTRODUCTION TO THE INFORMED CONSENT**

***Only the institution(s) at which the project is planned to occur should be listed below.*** *Please note, this section is for the institution involved rather than individual sites covered under the below institutions at which minor activities may occur.*

Froedtert Menomonee Falls Hospital

Froedtert West Bend Hospital

Froedtert and The Medical College of Wisconsin Community Physicians, Inc.

Froedtert Hospital

<Title>

<Principal Investigator>

<Department>

<Telephone Number>

* Medical College of Wisconsin

8701 Watertown Plank Road

Milwaukee WI 53226

OR

* Froedtert Hospital

9200 W. Wisconsin Avenue

Milwaukee, WI 53226

**WHAT ARE THE COSTS OF TAKING PART IN THIS STUDY?**

Ask your doctor or nurse for help finding the right person to talk to if you are unsure which costs will be billed to you or your insurance provider or you can contact \_\_\_\_\_\_\_\_.

**WHAT HAPPENS IF I AM HARMED BECAUSE I TOOK PART IN THE STUDY?**

Emergency medical treatment for injuries directly related to your participation in this research study will be provided to you. You or your health insurance will be billed for the costs of this emergency treatment. MCW will decide on a case by case basis if they will reimburse you or your insurer for emergency treatment costs. If your research-related injury requires medical care beyond this emergency treatment, you or your insurer will be responsible for the costs of this follow-up care.

At this time, there is no plan for any additional financial payments.

If you believe that you have been injured because of your participation in this study, contact the <Researcher/Research Director/Study Doctor> right away. Contact information: <PI>, <telephone number>

**Nothing in this consent form affects any legal rights you may have nor does it release the investigator, the sponsor, the institution, or its agents from liability for negligence.**

***This following information can be deleted ONLY if identical or equivalent information is already present in the NCI template for the specific project. If the NCI consent form prompts for the IRB’s number, insert 414-955-8844.***

**WHAT ARE MY RIGHTS IN THIS STUDY?** OR **WHERE CAN I GET MORE INFORMATION?**

If you have questions about your rights as a study participant, want to report any problems or complaints, or offer input, you can call the MCW/Froedtert Hospital Research Subject Advocate at 414-955-8844.