**CONSENT TO PARTICIPATE IN RESEARCH**

Since you understand \_(language) better than English, this form in (language) describes your basic rights as a research subject, and an interpreter will help the doctor explain the project.

You are being asked to participate in a research project. Before you agree, the investigator will summarize the research project. This summary will include the key information to help you understand the reasons why you might or might not want to join the study.

The investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research in English, titled “Consent to participate in research**”**.

You may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ any time you have questions about the research.

You may contact the Medical College Research Subject Advocate at phone number 414-955-8844 if you have questions about your rights as a research subject or what to do if you are injured.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

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.

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| **Subject's Name** *please print* | **Subject's Signature** | **Date** |

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| **Name of Witness**  I participated in consent process.  I acknowledge this subject was provided oral and written information regarding the project and agrees to participate.”  I am independent of this project | **Signature of Witness** | **Date** |

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| **Name of interpreter** | **Signature of interpreter** | **Date** |