

The text on this page displays the English content that is professionally translated for each foreign language short form.

CONSENT TO PARTICIPATE IN RESEARCH

You are being asked to participate in a research study. Participating in research is different from getting standard health care. The main purpose of research is to benefit future patients and society in general. Research studies may or may not benefit the people who participate.

Before you agree, the researcher must tell you: (i) why the study is being done and what you have to do during the study; (ii) which parts of the study are research and how long you will be in the study; (iii) any likely risks, discomforts, and benefits of the research; (iv) other treatments you can have if you decide not to join the study; and (v) who can see your study records and how your records will be kept private.

When applicable, the researcher also must tell you: (i) how to get care and who would pay for it, if you have an injury or harm caused by being in the research; (ii) the possibility that there are unknown risks in the research; (iii) reasons the researcher might stop your participation; (iv) any added costs to you for being in the research; (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. You will also get a copy of the consent form for this study written in English.

Please contact the investigator, Dr. _____ at phone number _____ any time you have questions about the research or if you are injured or have any problems during the research.

You may contact the KUMC Institutional Review Board at (913) 588-1240 if you have questions about your rights as a research participant.

Research is voluntary, and you may change your mind at any time. There will be no penalty if you decide not to participate, or if you start the study and decide to stop early. Either way, you can still get medical care and services at the University of Kansas Medical Center.

If you sign this document, it means that the English version of the research consent form has been orally translated for you, that you have had your questions answered, and that you voluntarily agree to participate in the research.

Printed Name of Research Participant

Signature of Research Participant

Date

Printed Name of Interpreter/Witness to Consent

Signature of Interpreter/Witness to Consent

Date