# Consent to Participate in a Research Study

|  |  |
| --- | --- |
| Study Title | [study title] |
| Principal Investigator | [full PI name] |
| Sponsor Name | [full sponsor name] |
| IRB Approval Period | [IRB approval period mm/dd/yyyy – mm/dd/yyyy] |
| Research number | [Study#] |

You have been asked to be in a research study. You have been told about the research study listed above in your language: English.

The following information has been explained to you:

* Why the study is being done and what you have to do during the study
* Which parts of the study are research and how long you will be in the study
* Any risks, benefits, or discomforts of the research for you or others
* Other treatments you can have if you don’t join the study
* Who may see your study records
* How your study records will be kept private

If you are hurt from being in the study, you will receive medical care and treatment as needed from the NYU Langone Health. However, you must pay for such medical treatment, directly or through your medical insurance and/or other forms of medical coverage. No money will be given to you.

If you have any questions about the study, side effects or an injury caused by the research you may call [name of person or department] at [phone number].

If you need emergency care you may call 911 or go to the Emergency Department.

If you have any questions about your rights as a research subject you may call the Office of the Institutional Review Board (IRB) at 212-263-4146. The IRB is a committee that oversees research at this Institution.

You will be given a signed copy of this consent form. You will also receive a written summary about the research.

Participation in the study is voluntary. You can change your mind about being in the study at any time without affecting your future care at this institution.

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

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| --- | --- | --- | --- |
| **Subject** | **(print name)** | **Date** |  |
| Signature |  | | |

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| --- | --- | --- | --- |
| **Witness/Translator** | **(print name)** | **Date** |  |
| Signature |  | | |