Short Form Consent to Participate in a Research Study

**{*TITLE OF STUDY}*:**

We are asking you to choose whether or not to volunteer for a research study. You do not have to participate. You will not be penalized or lose benefits if you do not want to participate or decide to stop participating in the study.

To help you decide, we will give you information to help you understand why you may want to participate or not. This information will include: (i) what the study is about and how long it will last; (ii) what you will be asked to do; (iii) which procedures are for research purposes; (iv) the risks and benefits; (v) any available alternatives; (vi) how confidentiality will be maintained, and (vii) who will see your information.

If it applies, the researcher will also tell you about: (i) how your information or any specimens collected will be used in the future; (ii) reasons the researcher may need to stop your participation; (iii) what happens if you decide to stop participating; (iv) any added costs to you for participating; (v) whether you will get paid for participating; (vi) what happens and who will pay if you are injured; (vii) the number of people expected to participate; and (viii) when you will be told about new information which may affect your willingness to participate.

Ask the research team any questions you may have. If you have questions later, the contact information for the research investigator in charge of the study is below.

If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {Principal Investigator, PI} of the University of Kentucky, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {list department} at {PI contact information}.

If you have any concerns or questions about your rights as a volunteer in this research, contact staff in the University of Kentucky (UK) Office of Research Integrity (ORI) between the business hours of 8am and 5pm EST, Monday-Friday at 859-257-9428 or toll free at 1-866-400-9428.

If you agree to participate, you must be given a signed and dated copy of this short from that is written in a language you understand and a copy of the English consent form.

Signing this form means that all of the information from the English consent form has been provided to you verbally in a language you understand, that you discussed the information and had your questions answered, and that you voluntarily agree to participate.

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| **Signature of research subjects** or, if applicable, research subject’s legal representative | **Date** |
| **Printed name of research subject** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of witness** (May also be the interpreter) | **Date** |
| **Printed name of witness** |  |
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*Participant/LAR: Sign, print name, and date ONLY on this Short Form and stand-alone HIPAA, if applicable*

*Witness: Sign BOTH this Short Form and the Consent Document*

*Authorized Person Obtaining Consent: Prints name on Consent Document and if applicable, the stand-alone HIPAA Authorization*