**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**SHORT FORM CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You are being asked to participate in a research study. Research studies include only people who choose to participate. Please take your time to make your decision and discuss it with your family and friends.

Before you agree, the investigator must explain a number of things to you, beginning with the information that is most likely to help you understand the reasons why you might or might not want to participate in the research, followed by other additional information.

Before you agree to participate, the investigator must tell you:

1. why this study is being done
2. how many people will participate
3. what is involved in the study and which procedures are experimental
4. how long you will be in the study
5. what are the risks and discomforts
6. what are the benefits, if any
7. what are other treatment options and alternatives
8. how confidentiality will be maintained
9. what are the costs of participating in the study
10. what are your rights as a participant
11. who to contact if you have questions or problems
12. whether any compensation or medical treatment will be available, if injury occurs
13. what are the circumstances when the investigator may stop your participation and what happens if you decide to withdraw from the study when you will be told about new findings which may affect your willingness to participate
14. if your data or biospecimens that cannot be linked to you may be used for future research
15. that your biospecimens, if any are collected, may be used for commercial profit and whether you will share in that profit
16. whether clinically relevant research results will be disclosed to you, and if so, under what conditions
17. that whole genome sequencing (determining a complete DNA sequence from your biospecimen) may be completed on your biospecimens, if any are collected.

[*Insert if the trial is/will be registered on ClinicalTrials.gov:* A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This web site will not include information that can identify you. At most, the web site will include a summary of the results. You can search this web site at any time.]

You may contact [PI] at 843-XXX-XXXX any time you have questions about the study or a research-related injury. You may also contact the Medical University of South Carolina’s Institutional Review Board at 843-792-4148, if you have questions about your rights as a research subject.

Your participation in this research study is voluntary, and your present or future care will not be affected, and you will not lose any benefits if you decide not to participate or to stop.

If you agree to participate, you will be given a signed copy of this document and a copy of the English language informed consent document for the study.

Signing this document means that the research study, including the above information, has been described to you orally; that all of your questions were answered; and, that you voluntarily agree to participate.

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Signature of Subject or Date

Legal Guardian (if applicable)

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Relationship of Legal Guardian to Subject

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Signature of Witness Date