

Consent To Participate In Research & Authorization To Use And Share Personal Health Information:

I have read or have had read to me the preceding information describing the study. All my questions have been answered to my satisfaction.

I hereby give my consent to participate in this research study and agree that my personal health information can be collected, used and shared by the researchers and staff for the research study described in this form. I will receive a signed copy of this consent form.

Signature of subject _____
Date

Signature of Legally Authorized Representative (*if appropriate*)* _____
Date

Print name of Legally Authorized Representative (*if appropriate*)*

Relationship to subject (*if appropriate*)*

Signature of Person Obtaining Consent/Authorization _____
Date

Signature of Witness (*if appropriate*)** _____
Date

**NOTE: The 2nd, 3rd and 4th lines should only be included in studies where a legally authorized representative may provide consent for the subject and this has been described in the IRB application.*

***NOTE: This may not be required for all studies. Follow guidance in sample consent from sponsor.*