Fred Hutchinson Cancer Center
University of Washington

Short Form Consent to Participate in a Research Study

Protocol Number: _____

Principal Investigator Name: _____

If you are serving as a legally authorized representative or are a parent/guardian providing permission for a child in this study, the terms "you" and "your" refer to the person for whom you are providing consent or parental permission.

You are being asked to participate in a research study. You should take your time when deciding whether to join the study. You may discuss your options with anyone you choose.

Before you decide whether or not to participate, we will explain:

1. The key information about why you might or might not want to participate in the study;
2. Why the study is being done, what will happen during the study, and how long the study will last;
3. What procedures are experimental;
4. The foreseeable risks, discomforts, and benefits of being in the study;
5. Any potentially beneficial alternatives to being in the study; and
6. How your privacy and confidentiality will be protected.

When applicable we also will explain:

1. Any available compensation or medical treatment if you are injured in the study;
2. The chance of risks we do not know about yet;
3. Why you may be removed from the study;
4. Any costs to participate in the study;
5. What happens if you decide to leave the study;
6. When you will learn about new findings related to the study;
7. How many people are planned for the study;
8. How your information and biospecimens (such as blood or tissue) will be used for the study and in future research, and whether you will receive any revenue generated from products developed using your biospecimens;
9. Whether whole genome sequencing may be done on your biospecimens;
10. Whether research results about you or your health will be shared with you; and
11. Any optional studies in which you may be asked to participate.

In addition, if the study is required to be posted to clinicaltrials.gov, we will explain that:

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.

Your rights

You do not have to join this study. You are free to say yes or no. If you join this study, you do not have to stay in it. You may stop at any time (even before you start). There is no penalty for saying no or stopping. Your regular medical care will not change.

If you get sick or hurt in the study, you do not lose any of your legal rights to seek payment by signing this form.

If you agree to join, you will get a copy of this form and a copy of the English-language consent form for the study.

For more information

You may contact the principal investigator _____ at _____ any time you have questions about the study or a study-related injury.

You may also contact the Director of the Institutional Review Office at Fred Hutchinson Cancer Center, by phone at 206.667.5900 or by email at irodirector@fredhutch.org, if you have questions about your rights as a research subject.

Signature

If you sign this form, it means we have described the study to you, and you voluntarily agree to participate.

_____ _____

Participant Printed Name and Signature Date
Or Legally Authorized Representative, if applicable

_____

Relationship of Legally Authorized Representative to Participant, if applicable

_____ _____

Interpreter/Witness Printed Name and Signature Date