

Fred Hutchinson Cancer Research 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, a guardian, or are providing parental 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 join a research study

You should take your time when deciding whether to join the study. You should discuss this decision with your family and friends.

Before you agree to join, we will explain:

1. Why the study is being done;
2. What will happen during the study and any procedures which are experimental;
3. The foreseeable risks and benefits of joining the study;
4. Other alternatives to joining the study and their risks and benefits;
5. How your privacy and confidentiality will be protected;
6. Whom to contact with questions.

When applicable we also will explain:

1. Who pays for 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. Any optional studies you may participate in.

A description of this clinical trial will be available at 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.

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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 Karen Hansen, Director of the Institutional Review Office, Fred Hutchinson Cancer Research Center at 206-667-4867 if you have questions about your rights as a research subject or what to do if you are injured.

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
Or Legally Authorized Representative, if applicable

Date

Relationship of Legally Authorized Representative to Participant, if applicable

Interpreter/Witness Printed Name and Signature

Date