Main Line Health Institutional Review Board
Short Form Consent Template

Consent to Participate in Research

Principal Investigator: **Protocol No.:**
Study Title:

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about:

(i) the purposes, procedures, and duration of the research;
(ii) any procedures which are experimental;
(iii) any reasonably foreseeable risks, discomforts, and benefits of the research;
(iv) any potentially beneficial alternative procedures or treatments; and
(v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about:

(i) any available compensation or medical treatment if injury occurs;
(ii) the possibility of unforeseeable risks;
(iii) circumstances when the investigator may halt your participation;
(iv) any added costs to you;
(v) what happens if you decide to stop participating;
(vi) when you will be told about new findings which may affect your willingness to participate; and
(vii) how many people will be in the study.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact *insert name* at *insert phone number* any time you have questions about the research.

You may contact i*nsert name at insert phone number* at if you have questions about your rights as a research subject or what to do if you are injured. *[Insert Main Line Health Institutional Review Board at 484-476-2692]*

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

Subject Signature	Printed Name of Subject	Date
Witness Signature	Printed Name of Witness	Date