

IRB Control #:

Version Date/Number:

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Informed Consent – Short Form
Informed Consent – Short Form – OHR-8S (English)
Version Date – FOR OHR USE: 11/4/2019

Principal Investigator:
(Principal Investigator)

Telephone:
(Telephone)

You are being asked if you would like to take part in a research study. Before you decide, you must be told about:

- The study title
- What makes this a research study and how it is different from standard medical care
- The purpose of the research
- How long you will be in the study
- What procedures will be done including any that are experimental
- The possible risks (including reproductive risks) and the possible benefits
- The alternatives to taking part
- What health information/specimens may be collected and how they will be used, and shared
- How your confidentiality will be protected
- Compensation and treatment that will be available for any possible research related injury (if more than minimal risk)
- Contact information
- Your voluntary participation – You may chose not to take part or stop later without penalty

When these apply, you must be told about:

- Unforeseeable risks to subject (including reproductive risks)
- The possibility of study ending early without your consent and procedures if the study ends early
- Cost and payment (if there is payment)
- Being informed of any test or study results and any new information that may relate to your willingness to continue taking part
- The number of participants in this study

For Questions About:	Person or Office	Contact Information
This study and medical issues related to this study, including treatment and compensation	Principal Investigator: (Principal Investigator)	Phone Number: (Phone Number)
	Investigator: (Investigator)	Phone Number: (Phone Number)
If you need to contact someone other than the study personnel about a concern or your rights as a research subject	Non-Study Personnel (Non-Study Personnel) (Note: These are Jefferson IRB numbers. Use numbers for other impartial parties as necessary.)	215-503-0203 215-503-8966 215-955-4239

It is your choice to take part. You may choose not to take part or stop later without penalty. If you agree to take part, you will sign this form. You will be given a copy of this form and the information form. By signing this form, you confirm that the information above has been explained to you, all of your questions have been answered to your satisfaction, and you voluntarily agree to participate in this research study.

Printed Name of Participant
(Printed Name of Participant)

Signature of Participant
(Signature of Participant)

Date
(Date)

Printed Name of Witness
(Printed Name of Witness)

Signature of Witness
(Signature of Witness)

Date
(Date)