



## Short Form Written Consent Document

You are being asked to be in a research study conducted by a researcher at Newton-Wellesley Hospital.

Before you agree, the person doing the research must tell you about all of the following:

1. The purpose of the study.
2. What you will be asked to do in the study and how much of your time it will take you to participate.
3. Any procedures which are experimental.
4. Any apparent risks, things that may be uncomfortable to you, and benefits of the research.
5. How your personal information will be protected.
6. How you will be compensated or treated if injury occurs from being in the research.
7. The possibility of risks that cannot be predicted.
8. When the researcher can stop your participation.
9. Any costs to you to participate.
10. What happens if you decide to stop being in the study.

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

You may contact \_\_\_\_\_ at \_\_\_\_\_ any time you have questions about the research.

You may contact the IRB Administrator or Manager of the Office of Research at 617-243-6211 or 6493 if you have any questions about your rights as a research subject or what to do if you are injured.

It is your decision if you want to volunteer to be in the study. Your treatment will not be affected. If you refuse or decide to stop, you will not be penalized or lose benefits that you would normally receive.

Signing this document means that the research study, including the above information, has been told to you verbally and that you agree to volunteer for the study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date