

UNIVERSITY OF CALIFORNIA

**MODEL CONSENT FORM FOR MULTI-CAMPUS HUMAN
SUBJECT RESEARCH GOVERNED BY THE MEMORANDUM OF
UNDERSTANDING BETWEEN UC CAMPUSES AND LABS**

INSTRUCTIONS to INVESTIGATOR:

1. Use 12 point font and language appropriate for 8th grade reading level.
2. Text in **bold print** is standard language and must be included unless it is irrelevant to your study.
3. Text in “()” instructs how to address each section.
4. Identify the consent form version by date (and other identifier if needed) **at the bottom of each page.**

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY
UNIVERSITY OF CALIFORNIA, [CAMPUS or LAB]**

Title of the Study: _____

UC Campus or Lab _____

Lead Investigator’s Name, Department, Telephone Numbers, and E-Mail:

PURPOSE

You are being asked to participate in a research study. The purpose of the study is to . . .
(state what the study is designed to discover. Be succinct - 2-4 sentences usually suffice).

PROCEDURES

If you decide to participate, we will (describe in simple language the procedures to be followed, including their purposes, duration, frequency, and recovery time, if applicable. In a separate paragraph under this heading, include time commitment for the subject, the total duration of the study, and the approximate number of subjects involved.)

ALTERNATIVES

(Describe alternative procedures or treatments that might be considered by the subject. If the study does not involve therapeutic or diagnostic procedures, this section may be omitted).

RISKS

(Describe the risks, discomforts and/or inconveniences that the subject may reasonably expect.)

BENEFITS

(Describe any benefits to the subject and/or to others/society reasonably to be expected. Make clear that no benefit is guaranteed. If no direct benefit to the individual is anticipated, this must be stated): **There is no direct benefit to you anticipated from your participation in this study.**

CONFIDENTIALITY

(State the persons or agencies to whom information from the study will be furnished, the nature of the information to be furnished, and the purpose of the disclosure. The following language must be included in all studies): **Absolute confidentiality cannot be guaranteed, since research documents are not protected from subpoena.**

COSTS/PAYMENT

(If the subject will receive payment, describe the amount and method of payment. Payment must be pro-rated, per Federal regulations, as the subject may withdraw before completion of the study and is entitled to receive partial compensation appropriate for what he/she has undergone.)

(If there is a possibility of costs to the subject and/or their insurance carrier (in medical research) because of participation, this must be stated. If the sponsor is covering all costs of the study, state this.)

(If sponsored by a “for-profit” sponsor or sponsored by your department include): **There is no charge for you to participate in this study. All costs associated with the study will be paid by the research sponsor or the (give name of campus or lab) Department of (give name of department).** (For medical research include): **Neither you nor your insurance carrier will be charged for your participation in the research.**

EMERGENCY CARE AND TREATMENT FOR INJURY (include if appropriate)

(Include the following standard language): **If you are injured as a direct result of research procedures, you will receive reasonably necessary medical treatment at no cost. The University of California does not provide any other form of compensation for injury.**

RIGHT TO REFUSE OR WITHDRAW

You may refuse to participate and still receive the care you would receive if you were not in the study. You may change your mind about being in the study and quit after the study has started. (If sudden withdrawal constitutes a health hazard, indicate conditions necessary for withdrawal from the study. Also indicate that the investigator may withdraw subjects from the study at his/her discretion.)

PRINCIPAL INVESTIGATOR’S DISCLOSURE OF PERSONAL AND FINANCIAL INTERESTS IN THE RESEARCH AND STUDY SPONSOR

(If the investigator has a financial interest in the research study, include the following language): **The study investigator has a financial interest in this research and may benefit monetarily from this study. You may ask your investigator for more information on his or her interest.** (For medical research, if samples will be taken for research and development purposes not related to the subject’s treatment or condition, include the following standard language): **Samples taken during this study may be used for research and development purposes not related to your treatment or condition. You will not have any property**

rights or ownership interest in products or data which may be derived from your samples.

QUESTIONS

If you have any questions about this research project or if you think you may have been injured as a result of your participation, please contact (give the name of the principal investigator or his/her co-investigators) **who will answer them at** (give a phone number and address).

If you have any questions regarding your rights and participation as a research subject, please contact the Human Research Protection Program at (campus or lab HRPP phone number) - or write to the University of California, [Campus], Human Subject Protection Office, [campus or lab HRPP address].

CONSENT

PARTICIPATION IN RESEARCH IS VOLUNTARY. YOUR SIGNATURE, BELOW WILL INDICATE THAT YOU HAVE DECIDED TO PARTICIPATE AS A RESEARCH SUBJECT IN THE STUDY DESCRIBED ABOVE. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP.

Signature of Participant or Legal

Representative _____ **Date** _____ **Time** _____

Signature of Person Obtaining Consent -

_____ **Date** _____ **Time** _____