INFORMED CONSENT

Project Director of Principal Investigator _______________________________
Title of Project

You are invited to participate in a research study of [state what is being studied]. We hope to learn [state what the study is designed to discover or establish]. You were selected as a possible participant in this study because [state why the subject was selected].

If you decide to participate, we [or: Dr. and associates] will [describe the procedures to be followed, including their purposes, how long they will take, and their frequency]. [Describe the discomforts and inconveniences reasonably to be expected. An estimate of the total time required must be included.] [Describe the risks reasonably to be expected.1] [Describe any benefits reasonably to be expected. If benefits are mentioned, add: ] We cannot and do not guarantee or promise that you will receive any benefits from this study.

[Describe appropriate alternative procedures that might be advantageous to the subject, if any. Any standard treatment that is being withheld must be disclosed.]

[A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.] If you give us your permission by signing this document, we plan to disclose [state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure.]

[For DNA research that is solely being conducted to obtain human specimens, please use the DNA informed consent samples] Your DNA material will be securely stored under controlled conditions as specified by New York State Law and the Department of Health. Under no circumstances will we identify the individuals, who participate in the research, except as required by law. A risk in the future is that new technologies will be developed with potentially important implications for genetic research; however, we will nonetheless endeavor to maintain the confidentiality of your data and DNA material to the greatest extent possible. [We consider this personal risk to be minimal, as information linking your personal identification information and data obtained during this study will be destroyed at the conclusion of the study (de-identification of data)]. [If DNA is not de-identified, describe procedures for re-consenting].
[If the subject will receive a fee for participating, or services in lieu of a fee, describe the amount or nature. If there is a possibility of additional costs to the subject because of participation, describe it.]

[For research involving more than minimal risk, an explanation as to Binghamton University’s compensation policy “If you are injured as a result of participating in this study you and your insurance carrier are assuming full financial responsibility for any injury that you may suffer as a result of participating in this study. No other form of compensation is being offered but that does not mean you are giving up any of your legal rights”. Also state any medical treatments that are available if injury occurs, and if so, what they consist of or where further information may be obtained.]

Your decision whether or not to participate will not prejudice your future relations with the [Institution] and the named cooperating institution, if any. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

[Conflict of Interest – Financial Statement, samples statements can be found here: ..\COI Financial Statement Samples.doc ]

Before you sign the form, please ask questions on any aspect of the study that is at all unclear to you. If you have any additional questions later, Dr., (give a phone number or address) will be happy to answer them. If at any time you have questions concerning your rights as a research subject you may call Binghamton University's Human Subject's Research Review Committee at (607) 777-3818. You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE HAVING READ THE INFORMATION PROVIDED ABOVE.

Date _____________

Time ____________ AM/PM

Signature __________________________________________

Relationship to subject ________________________________

[This line should not appear on forms that will be given to subjects consenting for themselves.]

Signature of Witness ____________ Signature of Investigator ____________