Consent to Participate in Research

Study Title:

Principal Investigator:

You are being asked to participate in a research study. Before you agree, you must first be provided with a summary of the research study. This summary must contain the key information to help you understand the reasons why you might or might not want to join the study.

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

A study team member will provide you with additional details about the study which must include:

1. Why they are doing the study (the purpose of the study)
2. How long your participation in the study will take and what you will have to do
3. Any procedures that are experimental
4. Any risks or discomforts they know about
5. Any potential benefits for you or others
6. Alternative procedures or treatments that are available for your condition
7. How your information will be kept private, confidential, and safe

Where applicable, the study team member must also tell you:

1. The plan for payments and/or medical treatments if you are hurt because of the study
2. The possibility of unforeseeable risks
3. Circumstances when the investigator may stop your participation
4. About any extra costs to you for being in the study
5. What happens if you decide to stop participating
6. When you will be told about new findings which may affect your willingness to participate
7. How many people will be in the study
8. Use of your biologic specimens for commercial profit
9. Whether you will be told about your research results
10. Whether the research might include whole genome sequencing; and
11. Any future research use of your information or biologic specimens
12. For clinical trials: “A description of this clinical trial will be available on *http://www.ClinicalTrials.gov*, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search the Web site at any time.”

You may contact _____ (name) at _____ (phone number) any time you have questions about the research.

If you have any questions about your rights as a research participant, or any concerns or complaints about the research, you may contact the Director of the Research Compliance Department at 734-712-5470.

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

_____	_____	_____
Signature of Participant	Printed Name of Participant	Date
_____	_____	_____
Signature of Witness (Translator)	Printed Name of Translator	Date
_____	_____	_____
Signature of Person Providing Information / Obtaining Consent	Printed Name of Person Providing Information / Obtaining Consent	Date