MERCY HEALTH

Research Short Form for Non-English Speaking Subjects
Consent to Participate in a Research Study

Study Title:
Principal Investigator:

You are being asked to participate in a research study.

"You" refers to you, your child, or someone for whom you are acting in their best interest

Before you agree, the investigator (researcher) must tell you about:

1. Why they are doing the study
2. How long the study will take
3. The procedures you would have
4. The procedures that are experimental
5. Any risks or discomforts they know about
6. Any benefits for you or others
7. Alternative procedures or treatments you could try instead
8. How your information will be kept private and safe

When it applies, the investigator will also tell you:

1. The plan for payments and/or medical treatments if you are hurt because of the study
2. There could be risks to you that the investigator doesn't know about
3. You can be removed from the study at any time, even if you want to stay in it
4. About any extra costs to you for being in the study
5. About any new information that could change your mind about wanting to be in the study
6. How many people will be in the study

If you have questions about your rights as a research volunteer, are hurt, or are unhappy with any part of the study, you can call the Mercy Health Regional Institutional Review Board (IRB), at 616-685-6198 to speak to an informed individual who is not a part of this research. You may also contact the researcher, _____ at _____ at any time if you have questions about the study.

Taking part in this study is voluntary. You may stop participating at any time, and you will not be penalized or lose any benefits.

Statement of Subject or Subject's Legally Authorized Representative
By signing this form, you agree that this research study has been verbally explained to you in your language, and you willingly agree to participate in this study. You have had the chance to ask questions and have received answers that fully answer those questions.

If you agree to be in this study, you will be given a signed copy of this form. You will also be given a copy of the English version of the informed consent form.

_____ _____
Signature of Subject or Legally Authorized Representative Date

_____
Printed Name of Subject

Statement of Witness
I certify that a verbal presentation was fully and accurately interpreted by a Mercy Health medical interpreter for the _____ language, and that I was present for the full informed consent process.

_____ _____
Signature of Witness Date

_____
Printed Name of Witness

Statement of Interpreter
I certify that I have interpreted in the subject's primary language all verbal presentations made by those who were present during the informed consent process.

_____ _____
Signature of Interpreter Date

_____
Printed Name of Interpreter

*Refer to the informed consent form *(English version)* for the dated signatures of the investigator and person obtaining consent.