RESEARCH SUBJECT CONSENT FORM

Title:	Title
Protocol No.:	Sponsor
Sponsor:	Name
Investigator:	Name
	Address
	City, State, Zip Code
	Country
Daytime Phone Number:	Phone Number
24-hour Phone Number:	Phone Number ***(A 24-hour phone number is required for studies that are more than minimal risk)***

Source: http://www.hhs.gov/ohrp/policy/ic-non-e.html#sample

This form is for subjects who do not speak English. It must be translated into the subject's or representative's language before use.

Translations are available at: https://www.wcgclinical.com/irb-resources/additional-irb-resources/ (Scroll down to translated short forms). Delete the signature block from these documents and replace with one of the signature pages attached to this template consent. Use the signature page appropriate for your study. Make separate consent documents for each signature page to be used.

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; (v) how confidentiality will be maintained.

When applicable, the investigator will present key information to you before presenting other information.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; (vii) how many people will be in the study, (viii) use of your biologic specimens for commercial profit, (ix) whether you will be told about your research results, (x) whether the research might include whole genome sequencing (xi) information about the research has been or will be submitted for inclusion in a clinical trial registry, and (xii) future research use of your information or biologic specimens.

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

You may contact the research team at the phone number above any time you have questions about the research.

You may contact the IRB at 918-561-1400 if you have questions about your rights as a research subject or what to do if you are injured.

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

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

Append the signature page from the IRB approved long form consent document.