

University of California, San Diego
Consent to Act as a Research Subject

Study Title: *[include study title and protocol number (if available) from protocol]*

Study Number: *[include OIA project number]*

Sponsor: *[include for studies which are industry sponsored, otherwise remove]*

Investigator Name: *[include Principal Investigator's first and last name]*

Daytime Phone Number: *[include study team's phone number to match the full English consent contact phone number]*

24-Hour Phone Number: *[include for studies which are greater than minimal risk, otherwise remove]*

The use of "you" throughout this document refers to the research subject. It also refers to the person authorized to give consent for the subject's participation in this research study.

You are being asked to participate in a research study. Please take your time to make your decision and discuss it with your family and friends.

Before you agree, the investigator must tell you about the following:

1. The purposes, procedures, and duration of the research.
2. Any procedures which are experimental.
3. Any reasonably foreseeable risks, discomforts, and benefits of the research.
4. Any potentially beneficial alternative procedures or treatments.
5. How confidentiality will be maintained.
6. Whether your information or specimens (for example, hair, blood, urine, saliva, etc.) will be used in future research after identifiers have been removed and without additional consent.

Where applicable, the investigator must also tell you about the following:

1. Any available compensation or medical treatment if injury occurs.
2. The possibility of unforeseeable risks.
3. Circumstances when the investigator may halt your participation.
4. Any added costs to you.
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. The use of your specimens for commercial profit.
9. Whether you will be told about your research results.
10. Whether the research will or might include whole genome sequencing.
11. If information about the research has been or will be submitted for inclusion in a clinical trial registry.

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 listed above any time you have questions about the research or what to do if you are injured.

You may contact the UC San Diego Office of IRB Administration at 858-246-4777 if you have questions about your rights as a research subject.

Participation in research is entirely voluntary. You may refuse to participate or to decide to stop at any time without penalty or loss of benefits to which you are entitled.

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.

Printed Name of the Subject, Guardian, or Legally Authorized Representative

Signature of the Subject, Guardian, or Legally Authorized Representative

Date

Printed Name of the Witness

Signature of the Witness

Date