COMIRB#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Title:

# COLORADO MULTIPLE INSTITUTIONAL REVIEW BOARD

# Short Form written informed consent for research for persons who do not read English

You are being asked to participate in a research study. Participation in research is voluntary. Before you decide, the investigator must first give you information to help you understand why you might want to be in this research, and why you might not want to be in the research. This will include why the research is being done, what will happen to you if you are in the research, what parts (if any) are experimental, how long you will be in the research, what the risks and discomforts to you are, what the benefits are, and what alternative procedures or treatments are available.

Ask questions about anything you do not understand.

The investigator will also tell you about whether you have to pay for anything, how you will be told about any new information about the research (especially if this might affect your decision to stay in the research), how you can stop being in the research, how the doctor can take you out of the research, what happens if you leave the research, how many people will be in the research, how you can receive medical care if you are hurt by the research and if you will have to pay for that, how your information may be used in the future or shared with other researchers, and how information which identifies you will be kept confidential.

If you have questions about the research or if you feel you have been hurt by the research, you may contact,

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions about your rights as a research participant please call the Colorado Multiple Institutional Review Board at 303-724-1055 or send email to COMIRB@ucdenver.edu.

You may choose not to be in the research or you may quit being in the research at any time without loss of any privileges to which you are entitled.

If you agree to be in the research, you must be given a signed and dated copy of this Short Form that is written in language you understand, and a copy of the English written summary (consent form) of the research.

Signing this form means that all of the information from the English summary (consent) form has been provided to you orally in language you understand, that you discussed the information and had your questions answered, and that you voluntarily agree to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Signature of Participant (or Legally Authorized Representative if approved by IRB)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Signature of Witness of the Oral Presentation (May also be the interpreter)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Signature of Interpreter

*Participant: Sign ONLY this Short Form*

*Witness: Sign BOTH this Short Form and the English Summary (Consent Document)*

*Interpreter: Sign ONLY this Short Form*

*Person Obtaining Consent: Sign ONLY the English Summary (Consent Document)*