## SHORT FORM: INFORMED CONSENT FOR RESEARCH PARTICIPATION

*[The consent process and form should be provided in a language that is understandable to the participant/legally authorized representative (LAR). Oral presentation must be conducted by an interpreter who is fluent in English and the language the participant understands. When the individual obtaining consent is assisted by a translator, the translator may serve as the witness. A written summary of the research information must be provided to participants. Note, the IRB-approved English informed consent form may serve as the written summary. Delete these instructions from your clean version that is submitted to the VU IRB for review and approval.]*

## Short Form Version Date: Insert Date

## Title of Research Study: Insert Title of Research Study

## Principal Investigator (PI) Name: Insert Name of Principal Investigator

You are being invited to participate in a research study. This form tells you about our research study. A research study is a way for us to learn new things and answer important questions.

Before agreeing to participate in this research, it is important the research team provides you with information so you can decide about whether you want to participate. The research team must tell you about the following:

* the purpose of the study, research procedures, and how long you will be in the study;
* procedures which are experimental;
* risks and benefits of the research;
* any available alternative procedures;
* how confidentiality will be maintained; and
* whether your data will be shared with anyone and/or used in future research

Where applicable, the research team must also tell you about the following:

* any available payment for or treatment of research-related injuries;
* the possibility of unknown risks;
* events when the researcher might stop your participation;
* what happens if you decide to stop participating;
* any added costs to you;
* new findings which may affect your willingness to participate; and
* how many participants will be in the study

If you have any questions about the research or wish to withdraw from the study, you can contact PI Name at Phone Number and Email Address at any time. For questions regarding your rights as a research participant, you may also reach out to the Vanderbilt University Human Research Protection Program (VU HRPP) at [irb@vanderbilt.edu](mailto:irb@vanderbilt.edu).

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 at any time.

If you agree to participate, you will be given a signed copy of this document that is written in a language you understandand an English written summary of the research information.

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 in the research.

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Signature of Participant Date

or Legally Authorized Representative (LAR)

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Printed Name of Participant

or Legally Authorized Representative (LAR)

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Signature of Witness Date

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Printed Name of Witness