**Short Form Consent to Participate in Research**

You are being asked to participate in a research study.

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.

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

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.

You may contact [Insert name of PI] at [Insert phone number] if you have questions about the research study or what to do if you are injured.

You may contact Castle Institutional Review Board (Castle IRB) at (888) 442-2472 or [irbteam@castleirb.com](mailto:irbteam@castleirb.com) if you have questions or concerns about your rights as a research participant.

Participation in research is entirely voluntary. You may refuse to participate or 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. If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

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Signature of Participant Date

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Signature of Witness to Consent Process Date

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Signature of Person Obtaining Consent Date