CONSENT TO PARTICIPATE IN RESEARCH

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; and (v) how confidentiality will be maintained.

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; and (vii) how many people will be in the study.

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

You may contact [Name] at [Phone number] any time you have questions about the research.

If you have questions, concerns, or complaints about your rights as a research participant please contact the Human Research Protection Office, 660 South Euclid Avenue, Campus Box 8089, St. Louis, MO 63110, or 1-(800)-438-0445 or email hrpo@wusm.wustl.edu.

If you need interpretive services, please call 314-747-5682 for an on-call interpreter who will assist you.

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.

[If this study requires registration on ClinicalTrials.gov, you must include the following:]

A description of this clinical trial will be available on [http://www.ClinicalTrials.gov](http://www.ClinicalTrials.gov), as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

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/Signature of Participant  Date

___________________________ ________________
Printed Name/ Signature of Witness  Date