

IRB#: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Federal regulations require all of the Basic Elements of Informed Consent to be present in Informed Consent forms. Additional elements must also be present when appropriate. INSTRUCTIONS: please verify that the Basic Elements and any appropriate Additional Elements are present in the attached Informed Consent Form.

| <b>BASIC ELEMENTS OF INFORMED CONSENT (REQUIRED)</b> |  |
|--|--|
| <input type="checkbox"/>                             | A statement that the study involves research   |
| <input type="checkbox"/>                             | An explanation of the purposes of the research   |
| <input type="checkbox"/>                             | The expected duration of the subject's participation   |
| <input type="checkbox"/>                             | A description of the procedures to be followed   |
| <input type="checkbox"/>                             | Identification of any procedures which are experimental  |
| <input type="checkbox"/>                             | A description of any reasonably foreseeable risks or discomforts to the subject  |
| <input type="checkbox"/>                             | A description of any benefits to the subject or to others which may reasonably be expected from the research   |
| <input type="checkbox"/>                             | A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject  |
| <input type="checkbox"/>                             | A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained  |
| <input type="checkbox"/>                             | For FDA-regulated research, a statement that notes the possibility that the Food and Drug Administration may inspect the records   |
| <input type="checkbox"/>                             | For research involving more than minimal risk, an explanation as to whether any compensation, and an explanation as to whether any medical treatments are available, if injury occurs and, if so, what they consist of, or where further information may be obtained |
| <input type="checkbox"/>                             | An explanation of whom to contact for answers to pertinent questions about the research  |
| <input type="checkbox"/>                             | An explanation of whom to contact for answers to pertinent questions about research subjects' rights   |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | An explanation of whom to contact in the event of a research-related injury to the subject  |
| <input type="checkbox"/> | A statement that participation is voluntary   |
| <input type="checkbox"/> | A statement that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled                        |
| <input type="checkbox"/> | A statement that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled |

**ADDITIONAL ELEMENTS OF INFORMED CONSENT, WHEN APPROPRIATE**

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|--------------------------|--|
| <input type="checkbox"/> | A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant), which are currently unforeseeable |
| <input type="checkbox"/> | Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent  |
| <input type="checkbox"/> | Any additional costs to the subject that may result from participation in the research   |
| <input type="checkbox"/> | The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject  |
| <input type="checkbox"/> | A statement that significant new findings developed during the course of the research, which may relate to the subject's willingness to continue participation, will be provided to the subject  |
| <input type="checkbox"/> | The approximate number of subjects involved in the study   |

**FOR VA RESEARCH**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | For VA research, a statement that in the event of a research-related injury, the VA has to provide necessary medical treatment to a subject injured by participation.   |
| <input type="checkbox"/> | For VA research, a statement that a veteran-subject does not have to pay for care received as a subject in a VA research project except in accordance with federal law and that certain veterans have co-payments for medical care and services provided at the VA. |

**Consent Documentation: Long Form**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Signature and date line for person obtaining consent and authorization |
| <input type="checkbox"/> | Signature and date line for person consenting and authorizing          |
| <input type="checkbox"/> | For VA research, signature and date line for witness                   |

|  |  |
|--|--|
| <b>Consent Documentation: Short Form</b> |  |
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| UF Short Form Template submitted |
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| Written summary submitted (normally long form ICF) |
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| Signature and date line for person obtaining consent (Summary only) |
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| Signature and date line for person consenting (Short Form only) |
|---|

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| Signature and date line for witness (Short Form and Summary) |
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Notes:

Signature: \_\_\_\_\_

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