**USE:** This form is for subjects who do not speak English. It must be translated into the subject’s or representative’s language before use.

**INSTRUCTIONS:**  To use this template, complete all required sections (substituting appropriate language for any italicized **red** text) and any applicable optional sections (marked in highlighted **red** ***italicized*** brackets), then **delete all instruction boxes, italicized instructions, brackets and omitted optional sections prior to submitting this form**.

|  |
| --- |
| Study Title: |
| Researcher: |
| Faculty Advisor: ***[if applicable]*** |
| Version Date:  ***[delete this row if version date is in footer]*** |

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.

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

Where applicable, the investigator must also tell you about:

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
8. Use of your biospecimens for commercial profits
9. Whether you will be told about your research results
10. Whether the research might include whole genome sequencing
11. Information about the research has been or will be submitted for inclusion in a clinical trial registry, and future research use of your specimens.

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

You may contact the research team at *[contact information including telephone number and email address]* any time you have questions about the research.

You may contact the Harvard University Area Institutional Review Board (“IRB”) at (617) 496-2847 or [cuhs@harvard.edu](mailto:cuhs@harvard.edu) if:

* Your questions, concerns, or complaints are not being answered by the research team.
* You cannot reach the research team.
* You want to talk to someone besides the research team.
* You have questions about your rights as a research subject.
* You want to get information or provide input about this research.

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.

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.

**Signature Block for Adult Subject**

Your signature documents your permission to take part in this research.

Signature of Subject Date

Printed Name of Subject

Signature of Person Obtaining Consent Date

Printed Name of Person Obtaining Consent

**Signature Block for the Witness to the Short Form Informed Consent Process**

My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject.

Signature of Witness to Consent Process Date

Printed Name of Person Witnessing Consent Process