



UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
Committee for the Protection of Human Subjects in Research
UMass Memorial Medical Center

SHORT FORM WRITTEN CONSENT DOCUMENT FOR SUBJECTS WHO DO NOT
SPEAK ENGLISH
Consent to Participate in Research

PI Name: _____ Docket # _____

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about the purposes, procedures, and duration of the research; any procedures which are experimental; any reasonably foreseeable risks, discomforts, and benefits of the research; and potentially beneficial alternative procedures or treatments; and how confidentiality will be maintained.

Where applicable, the investigator must also tell you about any available compensation or medical treatment if injury occurs; the possibility of unforeseeable risks; circumstances when the investigator may halt your participation; any added costs to you; what happens if you decide to stop participating; when you will be told about new findings which may affect your willingness to participate; and 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.

You may contact _____ at _____ any time you have questions about the research.

You may contact the Research Subjects Office at 508-856-4261 if you have questions about your rights as a research subject or what to do if you are injured.

Your participation in this research study is entirely voluntary. If you decide not to participate in this research study, it will not affect the care you receive. 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 of participant date

Signature of witness date