SHORT WRITTEN CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY FOR

AN ADULT SUBJECT WHO DOES NOT SPEAK ENGLISH

This document must be written in a language understandable to the subject

University of Arkansas for Medical Sciences

Little Rock, Arkansas 72205

Yellow highlighted text in this document is instructional text and is to be deleted when this form is used. Confirm the page numbers are correct before finalizing your translated documented.

Research Subject’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are being asked to participate in a research study with the following English title:

This study is being conducted by (PI Name here) who is called the Principal Investigator (PI). This person or their designee must tell you about the study before you decide to join. This discussion must begin with a short description of the information most likely to help you make a decision about joining the study. We also must tell you about the following:

* What you will be asked to do if you join this research study and how long participation will take;
* Anything we do in the study that is experimental;
* Any foreseeable risks (bad things) or benefits (good things) that might happen if you join the study;
* Other choices you may have besides joining this study;
* How we will protect your information;
* If the research is greater than minimal risk, add the following; otherwise delete this bullet: An explanation of any medical treatment or compensation available if you get hurt.
* If the research involves collection of identifiable private information or identifiable specimens, add the following; otherwise delete this bullet: Whether the information/biospecimens may be used for future research, by either this research team or another research team
* Other applicable information to help you decide. (See [IRB policy 15.1, Section C under “Procedure”](http://irb.uams.edu/wp-content/uploads/sites/127/2020/06/IRB-Policy-15.1-Elements-of-Informed-Consent-FINAL.pdf) for the “as applicable” elements. While these do not need to be listed separately in this document, they MUST be presented in the consent discussion when the short form process is used.)

If you agree to participate in this research study, after having the above explained to you orally, you must be given a copy of this document. The English version of the consent form used for this translation must be available to the person who served as translator between you and the PI or designee during the signing of this document. You will be given a copy of this English-language document as well.

You may contact the PI at (\_\_\_) \_\_\_\_\_\_\_\_ at any time if you have questions about this research. You may contact the Institutional Review Board at the University of Arkansas for Medical Sciences at (501) 686-5667 if you have questions about your rights as research subjects or if you wish to speak to someone not directly involved in the research.

You are free to withdraw your consent and stop participating in this research study at any time. For your health protection, it is best to notify the PI prior to stopping your participation. If you do withdraw your consent, there will be no penalty and you will not lose any benefits to which you are entitled.

Signing this document, means the following: (1) That the research study, including the above information, has been described to you orally, and (2) That you voluntarily agree to participate.

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Signature of Research Subject Date

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Signature of Witness Date