

PI Name: \_\_\_\_\_  
Protocol Title: \_\_\_\_\_

Leave box empty - For office use only

**University of Illinois at Chicago**

**Short form for persons who do not read English**

You are being asked to participate in a research study.

Before you agree to take part in the research, you must be told about:

- why the study is being done;
- what you will be asked to do during the research and any exams, tests, or activities that will be performed during the research;
- whether any exams, tests, or activities in the research are experimental;
- how long the research will last;
- possible risks and discomforts that are known or have happened to other people;
- any expected benefits of the research;
- any other procedures or treatments that might benefit you;
- how confidentiality will be maintained.

When it applies to the research, the investigator must also tell you about:

- whether medical treatment or payment is available if you have an injury that occurs as a result of the research;
- the possibility that there are risks with the research that are not known at this time,
- reasons why the researcher may stop your participation in the research;
- any added costs to you for being in the study;
- what happens if you decide to stop taking part in the research;
- when you will be told about new findings which may affect your willingness to continue to participate in the research; and
- how many people will be in the study.

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

You may contact \_\_\_\_\_ at phone number \_\_\_\_\_  
any time you have questions about the research or if you are injured during the research.

If you have questions regarding your rights as a research subject, you may contact the Office for the Protection of Research Subjects (OPRS) at (312) 996-1711 or 1-866-789-6215 (toll-free) or [uicirb@uic.edu](mailto:uicirb@uic.edu).

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to take part or decide to stop.

Signing this document means that the research study, including the above information, has been explained to you orally in a language that you understand, and that you voluntarily agree to take part.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Subject

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of the Witness

If the Legally Authorized Representative (LAR) is signing for the subject, then they should sign below. If not, then note N/A.

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name