

AGREEMENT TO PARTICIPATE IN

(Title of project)

(Principal investigator's name, address and phone number)

Section II: Project Description

1. Explanation of project procedures to be followed, and their purposes, including identification of those which are experimental.)
2. (Description of attendant discomforts and risks, physical and all other.)
3. (Benefits to be expected from project, to individual and/or to basic science.)
4. (Any appropriate alternative procedures advantageous to the individual.)
5. (If there are risks of physical injury, advice to subjects regarding compensation and medical treatment for physical injury resulting from such research must be included; see instructions for sample wording.)
6. (Any other information on matters specifically pertaining to your project including whether the results of the research will be made available to the subjects.)

Section III: Certifications

I certify that I have read and understand the foregoing, that I have been given satisfactory answers to my inquiries concerning project procedures and other matters and that I have been advised that I am free to withdraw my consent and to discontinue participation in the project or activity at any time without prejudice.

I herewith give my consent to participate (or, I consent to the participation of my minor child, or minor ward, or adult ward) in this project with the understanding that such consent does not waive any legal right nor does it release the principal investigator or the institution or any employee or agent thereof from liability for negligence or for any wrongful act or conduct.

Section IV: Signature/CHS information

**

_____ Signature of Minor	_____ Signature of individual participant (or authorized legal representative)
Date _____	Date _____

cc: Signed copy to subject

If you cannot obtain satisfactory answers to your questions or have comments or complaints about your treatment in this study, contact: Committee on Human Studies, University of Hawai'i, 2540 Maile Way, Honolulu, Hawai'i 96822.

Phone: 948-8612.

* Do not include section headings in actual form.

** If necessary, see instructions.

AGREEMENT TO PARTICIPATE IN

(Title of project)

(Principal investigator's name, address and phone number)

Section II: Project Description

(To be given verbally)

Section III: Certifications

I certify that I have been told of the possible risks involved in this project, that I have been given satisfactory answers to my inquiries concerning project procedures and other matters and that I have been advised that I am free to withdraw my consent and to discontinue participation in the project or activity at any time without prejudice.

I herewith give my consent to participate (or, I consent to the participation of my minor child, or minor ward, or adult ward) in this project with the understanding that such consent does not waive any legal right nor does it release the principal investigator or the institution or any employee or agent thereof from liability for negligence or for any wrongful act or conduct.

Section IV: Signatures/CHS information

Signature of Witness

Signature of individual participant
(or authorized legal representative)

Date: _____

Date: _____

Signature of Minor

**

Date: _____

cc: Signed copy to subject

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