

**UNIVERSITY OF CALIFORNIA IRVINE
CONSENT TO ACT AS A HUMAN RESEARCH SUBJECT- SHORT FORM**

Title of Study: _____

Name of Lead Researcher, Department & Telephone Number:

You are being asked to participate in a research study. Because the complete informed consent document is not yet translated into a language you understand, the English form will be translated for you verbally.

Before you agree to participate, 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.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) 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 copy of the complete informed consent document in English.

You may contact _____ at phone number () _____ anytime you have questions about the research. You may contact the UCI Institutional Review Board at 949-824-6068 or 2125 if you have questions about your rights as a research subject or what to do if you are injured.

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 in a language you understand, and that you voluntarily agree to participate.

NAME OF SUBJECT	SUBJECT SIGNATURE	DATE
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NAME OF INVESTIGATOR	INVESTIGATOR SIGNATURE	DATE
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NAME OF WITNESS	WITNESS SIGNATURE	DATE
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