## Consent to Take Part in this Research Study and Authorization to Disclose Health Information for Research

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Subject

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Authorized Representative #1 |  | Relation to Subject[ ]  Parent [ ]  Legal Guardian |
|  |
| Name of Authorized Representative #2 |  | Relation to Subject[ ]  Parent [ ]  Legal Guardian |
| If the second representative is unavailable, per §46.408(b) / §50.55(e)(2), explain the reason.  |

The research study and consent form have been explained to the subject or parent/legal guardian.

By signing this form, you are indicating that you have answered the subject’s or parent’s/legal guardian’s questions, they have agreed to take part in this research study and they are legally authorized to consent to their or their child’s participation. They have also agreed to let CHOP use and share their or their child’s health information as explained above. If they don’t agree to the collection, use and sharing of their or their child’s health information, they cannot participate in this study.

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| --- | --- | --- |
|  |  |  |
| Person Obtaining Consent |  | Signature of Person Obtaining Consent |
|  |  |  |
|  |  | Date |
| **Witness/Interpreter**By signing this form, you are indicating that:* The information in the Summary Document as well as any additional information conveyed by the person obtaining consent was presented to the subject in a language preferred by and understandable to the subject or parents/legal guardian’s; and
* The subject’s or parent’s/legal guardian’s questions were interpreted and the responses of the person obtaining consent were presented in a language preferred by and understandable to the subject or parent/legal guardian.
* At the conclusion of the consent conference, the subject was asked in a language preferred by and understandable to the subject if s/he understood the information in the Summary Document as well as an additional information conveyed by the person obtaining consent (including responses to the subject’s questions) and responded affirmatively.

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| Name of Witness/Interpreter |  | Signature of Witness/Interpreter |
|  |  |  |
|  |  | Date |