*[Note to researchers: This Sample Short Form Consent Document is to be used with subjects who do not speak English. In general, the short from method should not be used for clinical trials, research that includes vulnerable subject populations (children, pregnant women, prisoners, adults otherwise unable to consent) and for true placebo-controlled studies.  
  
This form must be translated to participants’ native language. The IRB must also approve a Standard Consent Form that is written in English. The English Standard Consent Form must be orally translated for all non-English speaking participants via a translator, in the presence of the PI. The participant must be given a hard copy of both documents. See* [*Guidance: Consenting Subjects Who Do Not Read, Speak or Understand English*](https://research.cc.lehigh.edu/sites/research.cc.lehigh.edu/files/documents/ORSP/LU%20IRB%20Guidance%20Consenting%20NonEnglish%20Speakers.pdf) *for a full description of Short Form Consent procedures.  
  
Please delete all instructions, printed in red, before this form is submitted to the IRB.]*

**Consent to Participate in a Research Study**

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about:

* The research purpose, the research procedures, and duration of the research
* Any procedures which are experimental
* Any reasonably foreseeable risks, discomforts, and benefits of the research
* Any potentially beneficial alternative procedures or treatments
* How the investigators will maintain your confidentiality
* Whether the investigators will remove information that could identify you from the information you have provided, and whether the information will then be used for future research or distributed to other investigators, without your additional consent.

Where applicable, the investigator must also tell you about:

* Any available compensation or medical treatment if injury occurs
* The possibility of unforeseeable risks
* Circumstances when the investigator may halt your participation
* Any added costs to you
* What happens if you decide to stop participating
* When you will be told about new findings which may affect your willingness to participate
* How many people will be in the study.

*[Please delete the section below if you research does not include the collection of biospecimens.]*

The investigator must share the following information about any biospeicimens they will collect from you:

* If your biospecimens may be used for commercial profit and whether you will or will not share in this commercial profit
* Whether clinically relevant research results, including your individual research results, will be disclosed to you, and if so, under what conditions
* Whether the research might include whole genome sequencing

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

You may contact *[Primary Investigator name]* at *[email address and phone number]* any time you have questions about the research.

You may contact the Office of Research Integrity at Lehigh University 610-758-2871 or at inirb@lehigh.edu if you have questions about your rights as a research subject.

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

By signing this document it means that the research study has been described to you orally, and that you voluntarily agree to participate.

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Signature of Participant Date

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Signature of Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date