



[Letterhead]

[name, address, phone  
number , and email  
address of research site]

### RESEARCH CONSENT FORM

TITLE:

RESEARCH ETHICS BOARD NUMBER:

PRINCIPAL INVESTIGATOR: [NAME] [phone]

CO-INVESTIGATORS: [NAME; PHONE IF APPLICABLE]

[NAME; PHONE IF APPLICABLE]

STUDY COORDINATOR [NAME AND PHONE]

24-HOUR TELEPHONE NUMBER/EMAIL: [if applicable]

#### **INVITATION**

You are being invited to take part in a research study. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with your friends, relatives [and doctor] if you wish. Ask us questions if there is anything that is not clear or if you would like more information.

#### **WHAT IS THE PURPOSE OF THE STUDY?**

*[Use straightforward vocabulary to describe the purpose of the study. What is the question that you're trying to answer?]*

#### **WHAT IS THE [EXPERIMENTAL ITEM OR PROCEDURE] BEING TESTED?**

**WHY ARE YOU BEING INVITED TO PARTICIPATE IN THIS STUDY?**

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***WHO IS ORGANIZING AND FUNDING THE RESEARCH?***

The study is sponsored by [company, city, country, and contact person]

***WILL YOU BE PAID FOR BEING IN THIS STUDY?***

[\* Note: make the payments specific to each visit relevant to the procedures at that visit. Do NOT withhold payments until the end of the study.]

Once you are enrolled in the study, at each visit we will [pay/reimburse/give] you [reimbursement in dollar amount] towards your [parking and transportation costs/to cover..]

There will [will not] be costs to you for participating in this study. You will [not] be charged for [the study drug(s) or] any research procedures.

***CONTACT FOR FURTHER INFORMATION.***

If you have any questions or desire further information about this study, or if you experience any adverse effects, you should contact [Principal Investigator or associate] at [telephone number].

If you have any concerns about your treatment or rights as a research subject, you may contact the Chair of the VCC Research Ethics Board, Elle Ting, at [eting@vcc.ca](mailto:eting@vcc.ca).

***WHY ARE YOU SIGNING THIS CONSENT FORM?***

By signing this consent form, you agree that:

You have read and understood the information in the consent form dated [include date of REB approved ethics form] and have had the opportunity to ask questions.

The principal investigator or research coordinator has answered your questions to your

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