

Protocol Number:
Principal/Overall Investigator:
Site-responsible Investigator:

**Dana-Farber Cancer Institute
Children's Hospital, Boston**

Consent to Participate in a Research Study.

The use of "you" throughout this document refers to the patient or research subject. It also refers to the person authorized to give consent for the subject's participation in this research study.

You are being asked to participate in a clinical trial (a type of research study). Clinical trials include only patients who choose to participate. Please take your time to make your decision and discuss it with your family and friends.

Before you agree to participate, the investigator must tell you:

- 1) why is this study being done;
- 2) how many people will participate;
- 3) what is involved in the study and which procedures are investigational;
- 4) how long you will be in the study;
- 5) what are the risks and discomforts;
- 6) what are the benefits;
- 7) what are other options and alternatives;
- 8) how confidentiality will be maintained;
- 9) what are the costs of participating in the study;
- 10) what are your rights as a participant;
- 11) whom to contact if you have questions or problems;
- 12) whether any compensation or medical treatment will be available, if injury occurs;
- 13) what are the circumstances when the investigator may stop your participation and what happens if you decide to withdraw from the study;
- 14) when you will be told about new findings which may affect your willingness to participate.

If you agree to participate, you will be given a signed copy of this document and a copy of the English language consent for the study.

You may contact _____ at _____ any time you have questions about the study or a research-related injury. You may also contact Dana-Farber Cancer Institute's Institutional Review Board at tel. 617-632-3029, if you have questions about your rights as a research subject.

Your participation in this research study is voluntary, and your present or future care will not be affected and you will not lose any benefits, if you decide not to participate or to stop.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

Signature of subject/patient

Date

Signature of witness

Date