

Addendum to the Short Form Consent to Participate in a Research Study

Dana-Farber/ Harvard Cancer Center (DF/HCC)
BIDMC/BWH/BCH/DFCI/MGH/Network Affiliates



Protocol Number: _____

Principal Investigator Name: _____

Consenting Investigator Name: _____

The use of “you” throughout this document refers to the research participant. It also refers to the person authorized to give consent for the subject’s participation in this research study.

Addendum for Optional Studies

You are being asked to participate in some optional studies. If you decide not to participate in any of the optional studies, you can still participate in the main research study. Please take your time to make your decision and discuss it with your family and friends.

Your participation in these optional research studies is voluntary, and you will not be penalized or lose any benefits if you refuse to participate or decide to stop.

Please indicate whether or not you want to take part in the optional research studies.

Optional Study #1:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #2:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #3:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #4:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

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Optional Study #5:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #6:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #7:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #8:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #9:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Optional Study #10:

- Not applicable
- Yes _____ Initials _____ Date
- No _____ Initials _____ Date

Signature of Participant
Or Legally Authorized Representative

Date

Relationship of the Legally Authorized Representative to the Participant

Signature of Interpreter/Witness

Date