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.

Consent to Participate in a Research Study

You are being asked to participate in a research study. All research is voluntary. It is your choice whether you take part in this research or not. 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 the key information about the study including:

1) The purposes, procedures, and duration of the research;
2) Any experimental procedures;
3) Any reasonably foreseeable risks, discomforts, and benefits of the research;
4) Any potentially beneficial alternative procedures or treatments; and,
5) How confidentiality will be maintained and how your health information will be protected including whether your personal information and/or biospecimens collected during this study will be stored and used for future research

Where applicable, the investigator must also tell you about:

1) Any available compensation or medical treatment if injury occurs;
2) The possibility of unforeseeable risks;
3) Circumstances when the investigator may stop your participation;
4) Any added costs to you;
5) What happens if you decide to stop participating;
6) When you will be told about new findings that may affect your willingness to participate;
7) How many people will be in the study;
8) Whether biospecimens will be used for commercial profit and whether you may share in this profit;
9) Whether the research will include whole genome sequencing;
10) Whether clinically relevant research results will be returned to you; and,
11) For clinical trials: A description of this clinical trial will be available at www.ClinicalTrials.gov, as required by U.S. Law. The Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search the Web site at any time.

If you agree to participate, you will be given a signed copy of this document and a copy of the English language consent form 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 Office for Human Research Studies at telephone number (617) 632-3029 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 any benefits if you refuse to participate or decide 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:

Documentation of Assent

Signature of participant between age of 10 and 18: The person doing this research study has explained what will happen to me if I participate in this research study. My signature below means that I want to be in this research study. I can decide not to participate in this research study if I do not want to and nothing will happen to me if I decide I do not want to participate.

_____ _____
Signature of Participant Date

Documentation of Consent:

_____ _____
Signature of Participant Date
Or Legally Authorized Representative

_____
Relationship of the Legally Authorized Representative to the Participant

_____ _____

Second Signature of Legally Authorized Representative

Date

_____

Relationship of the Second Legally Authorized Representative to the Participant

_____ _____

Signature of Interpreter/Witness Date