Consent to Participate in Research

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

If you agree to participate, yo written summary of the resear	•	igned copy of this document and a
You may contact		phone number 8582636168
any time you have questions a	about the research.	
		phone number 8582579607
if you have questions about y injured.	our rights as a resear	arch subject or what to do if you are
Your participation in this rese benefits if you refuse to partic	•	nd you will not be penalized or lose top.
Signing this document means	that the research stu	udy, including the above information,
has been described to you ora	lly, and that you vol	luntarily agree to participate.
Signature of participant		date
Andr		
Signature of witness		date