Departi	RESE	RESEARCH CONSENT FORM			
SUBJECT NAME			DATE ((MM/DD/YYYY)	
TITLE OF STUDY					
PRINCIPLE INVESTIGATOR			VAMC		
DESCRIPTION OF RESEARCH BY INVESTIGATOR 1. Purpose of study and how long it will last: 2. Description of study including procedures to be use:; 3. description of procedures that may result in disconfort or inconvenience: 4. Expected risks of study: 5. Expected benefits of study: 6. Other treatment available: 7. Use of research results: 8. Special circumstances.					
SUBJECT'S IDENTIFICATION					

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