	ATURE(S) -See definition of PI for who is authorized to sign here. Signature: Date: APRIL 21, 2010
PERSON OBTAINING CONSENT Printed Name: HOWARD STICKLOR	Date:
Signature:	
PARTICIPANT SIGNATURE I understand the foreseeable risks and/or discomfort that have been described in this document. I have read the statements contained herein, have had the opportunity to fully discuss my concerns and questions, and fully understand the nature and character of my involvement in this research program as a participant and the attendant risks and consequences.	
Research Participant: Printed Name:	Date:
Signature:	