Columbia University Medical Center

Consent Form to Participate in a Research Study and HIPAA Authorization

1. Title of research study and general information

Study title: Interactive Pedestrian Injury Mapper (I-PIM)

Study number: IRB-*AAAQ7691*

Participation duration: 15 Minutes
Sponsor/Supporter: *Columbia University Medical Center for Injury Epidemiology and Prevention*

2. Researchers' contact information

Principal Investigator: Andrew Rundle
Phone Number: 212 305 7619
Co-Investigator/Study Coordinator: NA
Phone Number: NA

3. What information is on this form?

We are asking you to take part in a research study.

This form explains why we are doing this study and what you will be asked to do if you choose to be in this study. It also describes the way we (Researchers) would like to use and share information about you.

Please take the time to read this form. It will tell you about taking part in this research study.

You do not have to participate if you don't want to.

4. Why is this study being done?

We are asking you to take part in this study because you were hit by an automobile while you were out walking.

5. What will I be asked to do if I choose to be in this study?

We will ask you to use an online mapping tool to tell us the street or intersection where you were hit by an automobile and to trace the route you walked in the 5 to 10 minutes before you were hit. We will also ask you a few survey questions about the collision and about you, such as your age and gender. We will ask you to tell us the month and year in which the collision occurred, whether you completed a police report and whether you were provided medical treatment after the collision, but we will not ask where you were treated or what that treatment was for.

This study will last 15 minutes.

6. Are there any risks?

We do not think that there are any risks to taking part in this study.

7. Are there any benefits?

You will not benefit from taking part in this study, but your participation may help cities design streets, roads and sidewalks that are safer for pedestrians.

8. What about my privacy?

Every effort will be made to keep your personal information confidential. However, we cannot guarantee total privacy. The web site uses Google Maps which will record the location of the collision and a few blocks of the route you walked prior to the accident.

The data collected will be given a code number, and separated from any other information that could identify you. We will not ask you to provide your name or social security number, home address or phone number or email address. We will ask if you were provided medical treatment after the collision, but not where you were treated or what that treatment was.

The following people and/or agencies will be able to look at, copy, use and share your research information:

- The investigator, Columbia University Medical Center and study staff and other professionals who may be evaluating the study;

- Authorities from Columbia University, including the Institutional Review Board ('IRB'). An IRB is a committee organized to protect the rights and welfare of people involved in research.

- The Federal Office of Human Research Protections ('OHRP')

Your authorization to use and share your information does not have an expiration (ending) date.

Once your information has been disclosed to a third party (for example, a pharmaceutical company participating in a study), federal privacy laws may no longer protect it from further disclosure.

You may change your mind and revoke (take back) this consent and authorization at any time and for any reason. To revoke this consent and authorization, you must contact the Principal Investigator**, at 212 305 7619**.

However, if you revoke your consent and authorization, you will not be allowed to continue taking part in the Research. Also, even if you revoke this consent and authorization, the Researchers and the Sponsor (if applicable) may continue to use and disclose the information they have already collected.

9. Will I get paid or be given anything to take part in this study?

You will not receive any payment or other reward for taking part in this study.

10. Will I incur costs if I take part in this study?

There will be no costs to you for being in this study.

11. What are my rights if I take part in this study?

Taking part in this study is your choice. You can decide not to take part in or stop being in the study at any time. Your choice will not change the treatment you receive from doctors and staff at Columbia University Medical Center.

If you decide to stop taking part in the study, stop entering information on the web site and close the web browser.

12. Who can I call if I have questions?

You may call Andrew Rundle at telephone # 212 305 7619 if you have any questions or concerns about this research study.

If you have any questions about your rights as a research participant, or if you have a concern about this study, you may contact the Institutional Review Board listed below.

Institutional Review Board
Columbia University Medical Center
154 Haven Avenue, 1st Floor
New York, NY 10032
Telephone: (212) 305-5883
irboffice@columbia.edu

13. Statement of consent and signatures

Statement of consent

I have read this consent form. The research study has been explained to me. I agree to be in the research study described above.

I will be able to print out a copy of this consent form after I click the consent check box below.

By clicking the consent check box below, I have not given up any of the legal rights that I would have if I were not a participant in the study.

Click the “I agree” button to consent to take part in this research