*Please read through these Short Form Consent template instructions carefully.*

*Use of this template:*

* *This Short Form Consent template is intended ONLY for use with study participants with limited or no English language proficiency (e.g., educationally disadvantaged, ESL).*
* *Use of this template requires that study participants be provided with BOTH this Short Form Consent AND a consent-related verbal presentation based upon an adequate summary\* (of what will be verbally presented) of required information contained in the HRP-502, HRP-502a, and/or HRP-502b consent template.*
* *Study participants or their legally authorized representative (for participants that are not able to consent) need only sign this Short Form Consent, instead of signing the HRP-502, HRP-502a, and/or HRP-502b consent form summary.*
* *However, a second individual, such as another individual or interpreter who is not otherwise involved in the study, MUST sign as a witness on both this Short Form Consent AND on the HRP-502, HRP-502a, and/or HRP-502b consent form summary.*
* *Also, both a copy of this Short Form Consent AND the HRP-502, HRP-502a, and/or HRP-502b consent form summary must be provided to the study participant or their legally authorized representative.*

*IRB Submission:*

* *This Short Form Consent and the HRP-502, HRP-502a or HRP-502b consent form summary must be provided to the IRB for review. If not provided upon initial IRB submission, translations of these materials must after IRB study approval (including approval of English language consent forms) be submitted through a study modification for subsequent IRB review.*
* *You may adjust wording as necessary for your study, as long as all required Sections in black text below are retained. Other than where instructed, there is no need to add or further explain the text below—instead, tailor the HRP-502, HRP-502a, and/or HRP-502b consent form templates to prepare your summary.*
* *Text in red should be deleted before submission, otherwise this Short Form Consent will be overly lengthy and the text distracting for your prospective participants.*

*\*Rather than reading out each of the required elements in HRP-502, HRP-502a, and/or HRP-502b consent templates, carefully consider preparing a synopsis or brief statement in lieu of the details of these elements, and then if necessary being prepared to further explain or provide additional details if requested by a study participant. You will be advised if the IRB requires that the summary be revised or additional summary information provided.*

***Title of research study:*** [insert meaningful title of research study here; should at least match the RAMP IRB short title, but avoid use of acronyms]

***Investigator:*** [insert name of principal investigator (PI)]

***Faculty Advisor:*** [IF the PI is a student then insert Advisor First and Last name, credentials and FSU affiliation; otherwise delete this Faculty Advisor section]

## You are being asked to take part in a research study.

## Before you agree to take part, someone will explain to you:

1. Why you are being invited to take part in a research study
2. What you should know about the research study
3. Why this research is being done
4. How long the research will last and what you will need to do
5. Any ways being in this study could be bad for you
6. Any ways being in this study could help you
7. What happens if you do not want to be in this research
8. Who you can talk to
9. How many people will be studied
10. What happens if you say yes, you want to be in this research
11. What your responsibilities are if you take part in this research
12. What happens if you say yes, but you change your mind later
13. What happens to the information collected for the research
14. Whether you can be removed from the research without your OK
15. Anything else you need to know

## Who can I talk to?

1. If you have questions, concerns, or complaints, or think the research has hurt you, you can talk to the research team at [insert name and contact information for the PI, Faculty Advisor (if the PI is a student), including FSU email address and telephone number].
2. This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may talk to them at 850-644-7900 or [humansubjects@fsu.edu](mailto:humansubjects@fsu.edu) if:

* Your questions, concerns, or complaints are not being answered by the research team
* You cannot reach the research team
* You want to talk to someone besides the research team
* You have questions about your rights as a research subject
* You want to get information or provide input about this research

## When applicable, someone will explain to you:

1. Whether you will get treated or paid if injured
2. The possibility of unknown risks
3. When you may be taken off the research without your agreement
4. Added costs from taking part
5. What will happen if you stop taking part
6. Steps to safely stop taking part
7. When new information will be told to you

* The number of people expected to take part
* That the Food and Drug Administration may inspect the records
* What happens to collected data if you stop taking part
* An explanation of [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov)

[There are three signature pages attached to this template consent. Use the signature page or pages appropriate for your study. The IRB recommends that you make separate consent documents for each signature page to be used.]

**Signature Block for Capable Adult**

|  |  |  |
| --- | --- | --- |
| Your signature documents your permission to take part in this research. | | |
|  |  |  |
| Signature of subject |  | Date |
|  |  | |
| Printed name of subject |
|  |  |  |
| Signature of witness to consent process |  | Date |
|  |  | |
| Printed name of person witnessing consent process |

**Signature Block for Adult Unable to Consent**

|  |  |  |
| --- | --- | --- |
| Your signature documents your permission for the named subject to take part in this research. | | |
|  |  | |
| Printed name of subject |
|  |  |  |
| Signature of legally authorized representative |  | Date |
|  |  | |
| Printed name of legally authorized representative |
|  |  |  |
| Signature of witness to consent process |  | Date |
|  |  | |
| Printed name of person witnessing consent process |

**Signature Block for Children**

|  |  |  |  |
| --- | --- | --- | --- |
| Your signature documents your permission for the named child to take part in this research. | | | |
|  | |  | |
| Printed name of child | |
|  | |  |  |
| Signature of parent or individual legally authorized to consent to the child’s general medical care | |  | Date |
|  | | * Parent * Individual legally authorized to consent to the child’s general medical care (See note below) | |
| Printed name of parent or individual legally authorized to consent to the child’s general medical care | |
| **Note:** Investigators are to ensure that individuals who are not parents can demonstrate their legal authority to consent to the child’s general medical care. Contact legal counsel if any questions arise. | | | |
|  | |  |  |
| Signature of parent | |  | Date |
|  | |  | |
| Printed name of parent | |
| If signature of second parent not obtained, indicate why: (select one) | | | |
| * The IRB determined that the permission of one parent is sufficient. ***[Delete if the IRB did not make this determination]*** * Second parent is deceased * Second parent is unknown | * Second parent is incompetent * Second parent is not reasonably available * Only one parent has legal responsibility for the care and custody of the child | | |
|  | |  |  |
| Signature of witness to consent process | |  | Date |
|  | |  | |
| Printed name of person witnessing consent process | |