*USE YOUR DEPARTMENT LETTERHEAD/ROWAN UNIVERSITY APPROVED LOGO*

DESCRIPTION IN BLACK FONTS are required language to be included on the form.

*INVESTIGATOR INSTRUCTIONS ARE IN ITALICS (in blue) – The instructions are included to assist in your submission. Those instructions must be deleted prior to submission*

*SUGGESTED LANGUAGE (in green) – When a section is optional, suggested language has been included, but suggested language may be altered as appropriate; however, the IRB will have the final say.*

*You can use I or YOU (First or Second Person) language throughout, but, be consistent. Second person is preferred. The entire consent document should be at the 8th grade reading level.*

*Note: Information provided in this written consent document must also be provided to the surrogate verbally.*

**SURROGATE CONSENT TO TAKE**

**PART IN A RESEARCH STUDY**

**TITLE OF STUDY:** (*Add the title of the study here.)*

Under certain circumstances, an individual can give consent for another person to take part as a Subject in this Research Study (hereinafter “Study”) because the Subject is unable to consent to this Study, whether by law or determination of incapacity and the Subject has not expressed opposition either to this Study or to the determination of incapacity. This individual is called the Surrogate and is providing Surrogate consent.

You are being asked to serve as the Surrogate for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is called the Subject in this document. You are being asked to give permission for the Subject to participate in this Study and for the collection, use and sharing of the Subject’s study input and possibly, health information. Your decision should be based on the Subject’s individual health care instructions and other wishes, if known, or on your best estimation of what you believe are the Subject’s personal values and what the Subject would choose for him/herself.

Would the person for whom you are signing consent want to take part in this Study?

This form tells you about this Study. After reading this form and having this Study explained to you by someone conducting this Study, you can decide if you think the person for whom you are authorizing consent would want to take part in this Study. It is important to note that the person for whom you are signing consent does not have to take part in this Study in order to receive medical care outside this Study.

After all of your questions about this Study and this form have been answered, you will be asked to sign this informed consent form. You will be given a copy of the signed consent form to keep.

**Key information about the study**

This consent form is part of an informed consent process for a research study and it will provide key information that will help you decide whether you wish to provide surrogate consent for this research study.

Please carefully read the key information provided in questions 1-9 and 12 below. The purpose behind those questions is to provide clear information about the purpose of the study, study specific information about what will happen in the course of the study, what are the anticipated risks and benefits, and what alternatives are available to you if you do not wish to participate in this research study.

The study team will explain the study to you and they will answer any question you might have before volunteering to take part in this study. It is important that you take your time to make your decision. You may take this consent form with you to ask a family member or anyone else before agreeing to participate in the study.

If you have questions at any time during the research study, you should feel free to ask the study team and should expect to be given answers that you completely understand.

After all of your questions have been answered, if you still wish the subject participating in this study to take part in the study, you will be asked to sign this informed consent form.

You are not giving up any of your legal rights by volunteering for this research study or by signing this consent form.

The Principal Investigator, (Add the PI’s name here), or another member of the study team will also be asked to sign this informed consent.

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1. **Who is the study sponsor? Include this section if your study is sponsored or if the study is conducted by Rowan inventor or if Rowan University is an investor as part of Rowan or Rowan Investigator invention.**

 **Study Sponsor**: Add the name of the sponsor of the study here – (only if there is one). If there is no sponsor and the study is internal, remove this question on the consent form.

 ***Industry Sponsor:*** *An example of suggested language to be used for Industry-sponsored study is provided below.*

 *XYZ COMPANY* is the sponsor of this research study. The study doctor is being paid to conduct this study according to a budget that will cover the costs of the study. The costs that are usually covered include things such as: physical examinations, laboratory tests required by the study, and the costs of collecting all of the information required by the study.

 ***Rowan Inventors proposing a study****: There are circumstances in which Rowan investigator could be the inventor and wants to conduct a research study as part of his/her invention. In such circumstances, use language in this section for a sponsored study if the investigator or University has a patent interest or other financial interest in the research.*

 The investigator/ Rowan University is an investor in this company. The investigator(s) and Rowan University are joint owners of the patent for this drug/device and stand to gain financially if the results of this research prove that this drug/device helps the condition being studied.

1. **Why is this study being done (purpose of the study)?**

*Provide key information in full detail and in lay language, regarding the purpose of the study.*

1. **Who may participate in this study? And who may not?**

 *Clearly provide the key information in detail about the inclusion and exclusion criteria. Include the following mandatory statement in this section:*

 “Participation in this study is voluntary, refusal to participate will involve no penalty or loss of benefits you are entitled. Your subject may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled to.”

1. **Why has your subject been asked to take part in this study?**

 *Provide key information by explaining in lay language why the subject is being invited to take part in the study.*

1. **What will your subject be asked to do or what this study involves if your subject takes part in this research study?**

 *Clearly provide key information in sufficient detail regarding all procedures that will take place during the study. Details should give better understanding to the subject so that they can make an informed decision whether to participate or not. Clearly identify those that are experimental. Use lay language at or about 8th grade level; avoid scientific terms.*

1. **How long will the study take and how many subjects will participate?**

 *Explain in lay language how many subjects will participate in this study (for this site and study-wide if other sites are involved. Describe the duration of the individual’s participation in the study. (Not the length of the study for all subjects). Include the number of subjects that will participate in the study.*

 *NOTE: Include a chart or diagram of activities if the study has a number or steps.*

1. **What are the risks and/or discomforts your subject might experience if you take part in this study?**

 *Clearly provide key information in detail in lay language regarding the risks and/or discomforts for each procedure or intervention. Describe those that are: potential, immediate, and/or long-term. Include physical, psychological, social, and reproductive risks. Incidence of these risks should be stated as: rare, occasional, or common; providing examples such as: 1 out of 5 or 20%. Add information on reproductive risks of harm from drugs, devices or procedures. The decision to recruit a participant (male or female) to any study should always be at the discretion of the investigator and should be based upon: (1) the minimum contraceptive requirement in the protocol; the investigator’s knowledge of that potential participant’s medical history and lifestyle; and the risks of harm and or benefits to the participant and any offspring. Please be sure to address reproductive risks of harm for both men and women, as applicable.*

 ***Describe reproductive Risks of Harm***

 *For Women: The study drug in this research may…*

 *For Men: The study drug in this research may…*

***Suggested language for drug studies where it is expected that the drug may cause harm to an unborn fetus:***

 *IF APPLICABLE: If you become pregnant during the course of this study, you should notify the study doctor of this fact as soon as possible, since the risks to your unborn child or to yourself are unknown.*

 *IF APPLICABLE: The drug under study is known to cause birth defects in some animals. It is likely that it may also cause birth defects in people. For this reason, no one can be in this study who is pregnant or who could get pregnant while taking the study drug. If you are a woman of childbearing age and you are sexually active, you are asked to use one of the following methods of contraception while taking the study drug: LIST METHODS:*

 *If you are unwilling to use adequate birth control measures, you should not sign up for this study and are asked not to sign this consent form.*

***Suggested language for studies involving a blood draw:***

 *When your blood is drawn, there may be a bruise, or bleeding, or infection, at the place where your blood is drawn. However, infection is rare.*

***Suggested language if study drug may interact with other medications the subject is already taking:***

 *You should not take any over-the-counter medicines, herbal products, vitamins or food supplements while taking part in this study, unless you tell the study doctor and get permission from the study doctor to go on taking these medicines. You will follow the instructions of the study doctor about the use of any of these products.*

 *You should also tell the study doctor about all medicines that other doctors may have prescribed for you to take.*

1. **Are there any benefits if you consent for the subject to take part in this research study?**

 The benefits of taking part in this study may be:

 *Provide key information by providing a list of possible benefits, if any. Also include the following statement:* “However, it is possible that you might receive no direct personal benefit from taking part in this study.”

1. **What are your alternatives if you don’t want your subject to take part in this study?**

 *Provide key information if alternatives are available: The following alternative treatments are available if you choose not to take part in this study: If applicable, list alternative treatments:*

 *If there are no alternative treatments available, use the following statement:* “There are no alternative treatments available. Your alternative is not to take part in this study.”

1. **What will happen if your subject is injured during this study?**

 *Include this section for greater than minimal risk studies only; choose the appropriate text from one of the following examples and include text from one of these sections, as-is.*

***1. For research on normal healthy volunteers:***

 Subjects in this study will be exposed to certain risks of personal injury, which include: (provide a complete description if not provided elsewhere in the consent form, or refer reader to appropriate section of form). In addition, it is possible that during the course of this study, new adverse effects of (fill in name of drug, device, procedure, etc.) that result in personal injury may be discovered. The University will make appropriate referrals for medical and/or dental treatment for subjects who sustain personal injuries or illnesses as a direct consequence of participation in the research. The subject's health insurance carrier or other third-party payer will be billed for the cost of this treatment; provided that the University shall not submit to federally funded programs, e.g., Medicare, Medicaid or CHAMPUS, for reimbursement first if submission to such programs is prohibited by law. No financial compensation will be provided by the University and no other type of assistance is available from the University.

***2. For research on patients with a disease or medical condition:***

 Subjects in this study will be exposed to certain risks of personal injury in addition to those associated with standard forms of treatment, which include: (provide a complete description if not provided elsewhere in the consent form, or refer reader to appropriate section of form). In addition, it is possible that during the course of this study, new adverse effects of (fill in name of drug, device, procedure, etc.) that result in personal injury may be discovered. The University will make appropriate referrals for medical and/or dental treatment for subjects who sustain personal injuries or illnesses as a direct consequence of participation in the research. The subject's health insurance carrier or other third-party payer will be billed for the cost of this treatment; provided that the University shall not submit to federally funded programs, e.g., Medicare, Medicaid or CHAMPUS, for reimbursement first if submission to such programs is prohibited by law. No financial compensation will be provided by the University and no other type of assistance is available from the University.

***3. For patients seeking treatment under a single-patient-treatment, emergency use or compassionate use (also known as early or expanded access) protocol involving more than minimal risk shall contain the following information:***

 Patients seeking treatment under (fill in name of the single patient treatment, emergency use or compassionate use protocol) will be exposed to certain risks of personal injury in addition to those associated with standard forms of therapy, which include: (provide a complete description if not provided elsewhere in the consent form, or refer reader to appropriate section of form). In addition, it is possible that during the course of this treatment, new adverse effects of (fill in name of drug, device, procedure, etc.) that result in personal injury may be discovered. The University will make appropriate referrals for medical and/or dental treatment for patients who sustain personal injuries or illnesses as a direct consequence of the treatment. The patient's health insurance carrier or other third-party payer will be billed for the cost of this treatment; provided that the University shall not submit to federally funded programs, e.g., Medicare, Medicaid or CHAMPUS, for reimbursement first if submission to such programs is prohibited by law. No financial compensation will be provided by the University and no other type of assistance is available from the University.

**11. What will happen if you do not wish your subject to take part in the study or if you later decide not to have your subject stay in the study?**

 *Participation in this study is voluntary. You may choose not to participate or you may change your mind at any time.*

 *If you do not want to enter the study or decide to stop participating, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.*

 *You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to Dr. …………….(provide address.)*

 *NOTE: Additional language that may be appropriate:*

 *EXAMPLE: Any data that has already been sent to (SPONSOR NAME) or to the Data Coordinating Center cannot be withdrawn because there may not be any identifiers with the data.*

 *EXAMPLE: At any time, the study doctor can take you out of this study because it would not be in your best interest to stay in it. Your study doctor can stop treatment even if you are willing to stay in the study.*

 *If you decide to withdraw from the study for any reason, you may be asked to return for at least one additional visit for safety reasons.*

1. **Will there be any cost to you to take part in this study?**

 *Explain in lay language what the cost to participate will be, if any.*

**NOTE TO RESEARCHERS REGARDING INCLUSION OF LANGUAGE IF IDENTIFIABLE PRIVATE INFORMATION OR IDENTIFIABLE BIOSPECIMMEN ARE GOING TO BE COLLECTED.**

**Include on the consent form questions 13 – 16 if you are collecting identifiable private information or my identifiable biospecimen for this research study. If not, skip to Question # 17.**

1. **Am I providing my identifiable private information or my identifiable biospecimen as part of this research study?**

*Include this question only if the study involves the collection of identifiable private information or identifiable biospecimen as part of this research study. If so, include the following statement:*

*“We are collecting identifiable private information of identifiable biospecimen in this research study.” And include any one of the following exemplified language that is appropriate for your study.*

***Example 1:***After collecting your identifiable private information or identifiable biospecimen, we may remove the identifiers and after such removal, we may use your information or biospecimen for future research studies or distributed to another researcher for future studies without additional consent from you.

***Example 2****:* Your identifiable private information or identifiable biospecimen collected as part of this research study will not be used or distributed for future research studies.

1. **If researchers find medically relevant results, will they be informing you about the results obtained using the subject’s identifiable private information or identifiable biospecimen?**

*You may disclose in this consent form the possibility of informing medically relevant results to the subject. If so, describe in lay terms, how, what, and when the results will be disclosed to the subject. If you are not disclosing medically relevant information, state:*

We will not be disclosing any medically relevant results to you or to any else.

1. **Will your subject’s identifiable biospecimen be used for whole genomic sequencing (a process used to determine my complete DNA in a single test)?**

***If you are not performing whole genomic sequencing, please state:***

The subject’s identifiable biospecimen will not be used for whole genomic sequencing.

*If you are performing whole genomic sequencing, please explain in simple terms the individual’s susceptibility to a broad range of conditions (some of which may be unexpected given personal and family history, risks they carry that are uncertain or unclear, change in interpretation and change in relevance to time, privacy concerns and relevance to family members and reproductive decision making).*

1. **Will your subject be receiving any financial or nonfinancial benefits from the products, tests, or discoveries resulting from the use of the subject’s identifiable private information or identifiable biospecimen?**

The subject will not be receiving any financial benefit from the products, tests or discoveries resulting from the use of your identifiable private information or identifiable biospecimen.

1. **Where will this study be conducted?**

 *Provide the exact location where this study will be conducted*.

1. **How will you and your subject know if new information is learned that may affect whether you are willing to stay in this research study?**

 *During the course of the study, you will be updated about any new information that may affect whether you are willing to continue taking part in the study. If new information is learned that may affect you after the study or your follow-up is completed, you will be contacted.*

1. **How will information about your subject be kept private or confidential?**

 All efforts will be made to keep subject’s personal information in your research record confidential, but total confidentiality cannot be guaranteed.

 *Insert a description of how record and data/specimens will be stored and maintained and who will have access to them. Describe any study specific issues that may increase the risk of breach of confidentiality.*

 *If the**study is a clinical trial, the following must be included.*

 A description of this clinical trial will be available on ClinicalTrials.gov, as required by U.S. law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

1. **Will your subject be paid to take part in this study?**

 *Clearly outline how subject will be paid.*

 *EXAMPLE:*

 The subject will receive $ 15.00 for taking part in this study according to the following schedule:

* $ 5.00 at your first visit
* $ 5.00 at your second visit (2-year visit)
* $ 5.00 at your third visit (4-year visit)

 *If subject will not be paid:* The subject will not be paid for your participation in this research study.

1. **Who can you call if you have any questions?**

 If you have any questions about consenting your surrogate to take part in this study or if you feel the subject may have suffered a research related injury, you can call the study doctor:

 *(Provide investigator’s name)*

*Department*

856-*Contact Number*

 If you have any questions about your rights as a research subject, you can call:

 *EXAMPLE:* *Office of the Institutional Review Board*

 *(856) 566-2712 Stratford*

 *Or*

*Office of the Institutional Review Board*

856-256- 4078 Glassboro

1. **What are your surrogate’s rights if you consent to have your surrogate take part in this research study?**

 You have the right to ask questions about any part of the study at any time. You should not sign this form unless you have had a chance to ask questions and have been given answers to all of your questions.

***For studies involving the use of Protected Health Information (PHI), include the following HIPAA Authorization Section:***

***(Protected Health Information (PHI) under HIPAA means any information that identifies an individual and relates to at least one of the following:***

* ***The individual’s past, present or future physical or mental health.***
* ***The provision of health care to the individual.***
* ***The past, present or future payment for health care)***

***If the study does not involve health information, you do not need to include the HIPAA Authorization Section. Proceed to “Agreement to Participate section.***

**AUTHORIZATION TO USE THE SUBJECT’S HEALTH INFORMATION FOR RESEARCH PURPOSES**

Information about the Subject’s health is personal and private and generally cannot be used without written authorization. This authorization form is intended to inform the Surrogate about how the Subject’s health information will be used or disclosed in the Study. The Subject’s information will only be used in accordance with both this authorization form and the informed consent form, and as allowed by law. Surrogates should read this form carefully before signing it.

**What is the purpose of this research study and how will the Subject’s health information be utilized in this Study?**

*(Provide a description of this Study, such as its purpose, and describe how the Subject's health information will generally be used in this Study, including any publication. If this is a clinical trial, also explain that the information in some form will be submitted to the sponsor and the FDA.)*

**Does the Surrogate have to sign this authorization form?**

The Surrogate does not have to sign this authorization form. But if the Surrogate does not, the Subject will not be able to participate in this Study. *(If this Study includes any treatment, add the following: “, including receiving any research-related treatment.”)*  **Signing the form is not a condition for the Subject to receive medical care outside this Study.**

**If the Surrogate signs, can the Surrogate revoke it or withdraw from the research later?**

If, on behalf of the Subject, the Surrogate decides to participate, the Subject or Surrogate is free to revoke the authorization regarding the use and disclosure of the Subject’s health information at any time. If the Subject or the Surrogate wishes to revoke this Authorization, the Subject or the Surrogate must contact *(Insert Principal Investigator’s name and contact information)*. Such a revocation of the authorization will terminate Subject’s participation in the Study. After any revocation, the Subject’s health information will no longer be used or disclosed in this Study, except to the extent allowed by law. Any such revocation of this authorization will not prejudice Subject’s receipt of medical care outside the Study.

**What health information will be used or disclosed?**

The Subject’s health information related to this Study may be used or disclosed in connection with this Study including, but not limited to, *(List or describe any and all medical information collected from or about the Subject in connection with this Study. For example: all information in a medical record, certain information indicating or relating to a particular medical condition, blood and other tissue samples and related records, physical examinations, x-rays, MRI’s, etc.)*

**Who may use or disclose the information?**

The following parties are authorized to use and/or disclose the Subject’s health information in connection with this Study:

* The RowanSOM-Institutional Review Board

*(Please list every other class of persons or organization affiliated with RowanSOM, for example, the research team, the study coordinators, etc.,* who *might need to use and/or disclose the Subject’s information in connection with this Study.)*

**Who may receive/use the information?**

The parties listed in the preceding paragraph may disclose the Subject’s health information to the following persons and organizations for use in connection with this Study:

* The Office for Human Research Protections in the U.S. Department of Health and Human Services.

*(Please list every other class of persons or organization not affiliated with RowanSOM, for example, a sponsor, data safety monitoring board, collaborators at other institutions, outside data analysts, the National Institutes of Health, the Food and Drug Administration, etc., to whom the Subject’s information might be disclosed.)*

The Subject’s information may be re-disclosed by the recipients described above. RowanSOM is not in a position to control the re-disclosure if they are not required by law to protect the privacy of the information.

**When will authorization expire?**

Authorization for the use and/or disclosure of the Subject’s health information will expire … *(List a specific date on which the authorization will expire, e.g., “expire on December 31, 2015.” If you are uncertain, choose a date that will provide ample time for this Study to be completed.)*

**Will the Subject or the Surrogate have access to the Study file during the Study?**

To maintain the integrity of this Study, neither the Subject nor the Surrogate has access to the health information contained in the Study file until this Study is completed. At the completion of this Study, the Subject and the Surrogate has access to such health information if it is used to make medical or billing decisions about the Subject and was included in the Subject’s official medical record.

**AGREEMENT TO PARTICIPATE**

**Surrogate Consent**

The purpose and procedures for this Study have been described to me verbally and in writing. My questions about this study have been answered and I have been provided with information about who to contact with additional questions.

**As Surrogate, I freely give my consent to have *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* take part in this Study and authorize that his/her health information as described above, be collected/disclosed in this Study.** I understand that by signing this form I am agreeing for the individual named above to take part in research. I understand that I will receive a copy of this form to take with me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Surrogate Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Surrogate

**Signature of Investigator/Individual Obtaining Consent:**

To the best of my ability, I have explained and discussed the purposes and procedures of this Study including all of the information contained in this consent form. All questions of the research Subject and those of his/her Surrogate have been accurately answered.

Investigator/Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Consent Process Witness**

I have observed the consent process which included a description of the purposes and procedures of this Study and an opportunity for questions and answers about this Study. I attest that I am not the subject, his/her guardian or authorized representative, or a researcher on this study and can attest that the requirements for informed consent to the medical research have been satisfied.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness