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**BIOMEDICAL INFORMATION AND CONSENT FORM**

**Study Title:**

**Researcher:**

**Researcher’s Contact Information:**

**Faculty Supervisor:**

**Faculty Supervisor’s Contact Information:**

**Source of funding for the study:**

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

**A. PURPOSE**

The purpose of the research is [ ].

**B. PROCEDURES**

If you participate, you will be asked to [ ]

In total, participating in this study will take [ ].

Some parts of the study are part of standard care, and they are done for your benefit. However, the following procedures are done for the scientific purpose of the study, and not for your benefit:

[ ]

Participants will be assigned to one of the following groups: [ ]. The assignment will be random, like the flip of a coin. Your chance of being assigned to each group is [ ].

You might have treatment options other than participating in the study. The researcher will explain them to you.

As a research participant, your responsibilities would be: [ ]

**C. RISKS AND BENEFITS**

You might face certain risks by participating in this research. These risks include: [ ]

You might or might not personally benefit from participating in this research. Potential benefits include: [ ]

This research is not intended to benefit you personally.

**D. CONFIDENTIALITY**

We will gather the following information as part of this research: [ ]

By participating, you agree to let the researchers have access to information about [ ]. This information will be obtained from [ ].

We will not allow anyone to access the information, except people directly involved in conducting the research, and except as described in this form. We will only use the information for the purposes of the research described in this form.

To verify that the research is being conducted properly, regulatory authorities might examine the information gathered. By participating, you agree to let these authorities have access to the information.

The information gathered will be anonymous. That means that it will not be possible to make a link between you and the information you provide.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name.

The information gathered will be identifiable. That means it will have your name directly on it.

We will protect the information by [ ]

We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

We intend to publish the results of this research, and we might include your name along with the information you provide in the publication.

We intend to publish the results of this research. Please indicate below whether you accept to be identified in the publications:

[ ] I accept that my name and the information I provide appear in publications of the results of the research.

[ ] Please do not publish my name as part of the results of the research.

We will destroy the information five years after the end of the study.

In certain situations we might be legally required to disclose the information that you provide. This includes situations where [ ]. If this kind of situation arises, we will disclose the information as required by law, despite what is written in this form.

**E. BIOLOGICAL SAMPLES**

You will be asked to provide the following biological samples as part of the research: [ ].

Taking these specimens involves [ ].

We will use these specimens for [ ].

We will keep the specimens [ ]. After that, they will be destroyed

If we find anything that might be relevant to your health, we will [ ].

**F. CONDITIONS OF PARTICIPATION**

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don’t want us to use your information, you must tell the researcher before [ ].

*If participants are being offered compensation:*

As a compensatory indemnity for participating in this research, you will receive [ ]. If you withdraw before the end of the research, you will receive [ ]. We will also reimburse you for the following expenses: [ ]. To make sure that research money is being spent properly, auditors from Concordia or outside will have access to a coded list of participants. It will not be possible to identify you from this list.

We will tell you if we learn of anything that could affect your decision to stay in the research.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

We will not be able to offer you compensation if you are injured in this research. However, you are not waiving any legal right to compensation by signing this form.

**G. PARTICIPANT’S DECLARATION**

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.