



EXPERIMENTAL RESEARCH SUBJECTS BILL OF RIGHTS

Experimental Research Subjects Bill of Rights California Law, under Health & Safety Code 24172, requires that any person asked to take part as a subject in research involving a medical experiment, or any person asked to consent to such participation on behalf of another, is entitled to receive the following list of rights written in a language in which the person is fluent. This list includes the right to:

1. Be informed of the nature and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
9. Be given a copy of the signed and dated written consent form.
10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subjects decision.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

(Include Only One of the two signature lines, depending upon the scope of your study as well as potential participants)

SIGNATURE OF PARENT/LEGAL GUARDIAN

I understand the procedures described above, and all of the benefits and risks to my child. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to allow my son/daughter to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment, the parental/legal guardian is knowingly, willingly and intelligently agreeing to allow his/her son/daughter to participate in this study. This person has the legal capacity to give informed consent to participate in this research study and all of the various components. This person also has been informed that (if applicable) participation is voluntary and that his/her son/daughter may discontinue their participation in the study at any time, for any reason. Finally, I have also verified that the person signing this consent form is the parental/legal guardian of the minor who is participating in the study.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date