SHORT FORM WRITTEN CONSENT DOCUMENT FOR
SUBJECTS WHO DO NOT SPEAK ENGLISH

THIS DOCUMENT MUST BE WRITTEN IN A LANGUAGE UNDERSTANDABLE TO THE SUBJECT

Consent to Participate in Research

You are being asked to participate in a research study. Before you decide, the investigator must first give you information to help you understand why you might want to be in the study, and why you might NOT want to be in the study.

The investigator must then tell you about the purposes, procedures, and duration of the research, any procedures which are experimental, any reasonably foreseeable risks, discomforts, benefits of the research, any potentially beneficial alternative procedures or treatments, and how confidentiality will be maintained.

[If this study involves collection of identifiable information or biospecimens, include the following:]
The investigator will also tell you if and how your information **[and/or biospecimens]** may be used in the future or shared with other investigators.

Where applicable, the investigator must also tell you about any available compensation or medical treatment if injury occurs, the possibility of unforeseeable risks, circumstances when the investigator may halt your participation, any added costs to you, what happens if you decide to stop participating, when you will be told about new findings which may affect your willingness to participate, how many people will be in the study, and information about how biospecimens will be used and what will happen to information obtained from the biospecimens.

If you have questions about the research or if you feel you have been injured, you may contact:
Name:
Phone:
If you have questions, concerns, or complaints about your rights as a research participant please contact the Human Research Protection Office, at 1-(800)-438-0445 or email hrpo@wusm.wustl.edu.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

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

If you agree to participate, you must be given a signed and dated copy of this document that is written in a language you understand and a copy of the English written summary (consent) document.

Signing this document means that **all** of the information from the English summary (consent) document has been read to you orally, that you have had to discuss the information and have your questions answered, and that you voluntarily agree to participate.

_____	_____	_____
Printed Name of Participant	Signature of Participant	Date
_____	_____	_____
Printed Name of Witness	Signature of Witness	Date

Participant: *Sign ONLY this Short Form*
Witness: *Sign BOTH this Short Form and the English Summary (Consent Document)*
Person Obtaining Consent: *Sign ONLY the English Summary (Consent Document)*