INFORMED CONSENT TO TAKE PART IN RESEARCH

Research Involving Blood Draw - Consent Version Jan 2019

This consent is appropriate for a single blood draw, with no genetic testing, that will not lead to the creation of any sensitive information, and remaining samples will be destroyed after analysis. You must have a Waiver of Documentation of Consent from CPHS to use this type of consent. Delete these instructions and replace all text in blue with study specific information before submitting to CPHS.

**Study Title:** <Add your study title here>

**Study Sponsor:**  <Delete this line if your study is not sponsored>

**Principal Investigator:** <PI Name, degree, short title>

**Study Contact:** <XXX-XXX-XXXX. If study contact person is different from PI, write the name of study contact here>

**Introduction:** You are being asked to be in this research study because you have <XXX>. Your participation in this study is voluntary. Please ask any questions you may have about participating in this study.

**Purpose:** We are doing this study to learn more about <state purpose of the study in simple language>.

**Procedures:** If you agree to participate in the study, we < briefly list study procedures>. We will take about <amount of blood in ml and teaspoons> of blood from your arm. It will take about <duration of study participation> to complete the study. We do not plan to tell you what we find when we analyze your blood. When we finish the tests, we will destroy any leftover blood.

**Benefits:** You will not benefit from participation in this study, however results from this research may help <briefly outline benefits of the study.>

**Withdrawal:** You can withdraw from this study at any time without penalty.

**Confidentiality:** Your identifiable information such as your name or medical record number will not be included on the blood sample. After we remove all identifiers, the information or samples may be used for future research or shared with other researchers without your additional informed consent. If study results are published, you will not be identified in the publication.

**Questions:** If you have any questions about this study please call <Study Contact> at XXX-XXX-XXXX.

If you have any complaints, suggestions, or questions about your rights as a research volunteer, please contact the UTHealth Committee for the Protections of Human Subjects (CPHS) at 713-500-7943.