UNITED STATES MILITARY ACADEMY
CONSENT TO PARTICIPATE IN RESEARCH

Study Title: INSERT TITLE OF THE STUDY. IF THE STUDY INVOLVES USING DIFFERENT CONSENT FORMS FOR DIFFERENT POPULATIONS, IDENTIFY THE POPULATION GROUP AS THE SUBTITLE OF THE STUDY.

You are asked to participate in a research study conducted at Insert the study site by name(s) of investigator(s). Your participation in this study is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

PURPOSE OF THE STUDY

State what the study is designed to discover or establish.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

Describe the procedures chronologically. If applicable, distinguish which procedures are experimental. Include any screening evaluations and inclusion/exclusion criteria. Specify assignment to study groups and randomization procedures, if applicable.

POTENTIAL RISKS AND DISCOMFORTS

Identify each procedure and then describe any reasonably foreseeable risks, discomforts, inconveniences (physiological, psychological, social, legal, economical), and how these will be minimized. Quantify risks using understandable comparisons.

Additionally, there may be risks that are currently unforeseeable and should unanticipated events happen, the investigator will assess the situation and may stop the study.

ANTICIPATED BENEFITS

Describe the anticipated direct benefits to subjects or others resulting from the research. If consent will be obtained from a legal representative of the subject, the direct benefit to the subject must be elaborated in the consent form.

EXPECTED DURATION OF PARTICIPATION

Specify the total length of time the subject is expected to participate and the frequency and length of time required for the subject to participate in multiple procedures.
ALTERNATIVE TO PARTICIPATING IN THIS RESEARCH

Describe any alternative procedures or courses of treatment that might be advantageous to the prospective subject. If the only alternative to participating in the research is to NOT participate in the research, state this.

NUMBER OF PEOPLE THAT WILL TAKE PART IN THIS STUDY

Describe how many subjects will be in the study and from where the sample will be drawn.

MEDICAL CARE FOR RESEARCH RELATED INJURY

Should you be injured as a result of your participation in this study, you will be given medical care for that injury at no cost to you. Medical care is limited to the care normally allowed for Department of Defense health care beneficiaries (patients eligible for care at military hospitals and clinics).

CONFIDENTIALITY

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

Describe how personal identities will be shielded, disguised, etc. Give a brief description of how personal information, research data, and related records will be coded, stored, etc. to prevent access by unauthorized personnel.

If any other uses are contemplated, explain how specific consent will be solicited. If applicable, state if and when individual responses to survey questionnaires will be destroyed following analyses of the data.

The principal investigator will keep your research records. These may be looked at by staff the USMA Human Research Protections Office, the Army Human Research Protections Office (AHRPO), and other government agencies as part of their duties. These duties include making sure that the research participants are protected. Confidentiality of your records will be protected to the extent possible under existing regulations and laws but cannot be guaranteed. Complete confidentiality cannot be promised, particularly for military personnel, because information bearing on your health may be required to be reported to appropriate medical or command authorities. Your name will not appear in any published paper or presentation related to this study.

USE OF THE DATA FOR FUTURE RESEARCH

Include one of the following statements:
Identifiers might be removed and the de-identified information or biospecimens used for future research without additional informed consent from the subject.

The subject's information or biospecimens will not be used or distributed for future research studies even if identifiers are removed.

**COMPENSATION FOR PARTICIPATION**

State whether the subject will be paid or offered other benefits (e.g., extra course credit, free care). If not, state so. You will not receive any payment for being in this study.

Payment Details (if applicable): If the subject will receive payment, describe remuneration amount, when payment is scheduled, and prorated payment schedule should the subject decide to withdraw or be withdrawn by the investigator.

Reimbursement Details (if applicable): If the subject will be reimbursed for expenses such as parking, bus/taxi, etc., state so.

**PARTICIPATION AND WITHDRAWAL BY YOU**

Your participation in this research is voluntary. If you choose not to participate, that will not affect your relationship with investigators, the United States Military Academy or your right to health care or other benefits or services to which you are otherwise entitled. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without prejudice.

**WITHDRAWAL OF PARTICIPATION BY THE INVESTIGATOR**

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. The investigator will make the decision and let you know if it is not possible for you to continue. The decision may be made either to protect your health and safety, or because it is part of the research.

**INCIDENTAL FINDINGS**

There is a possibility that while reviewing your test results we may see an abnormality that we did not expect to see in this study. This is what is called an “incidental finding.”

State whether and how the incidental findings will be shared with the subject.

**NEW FINDINGS**

During the study, you will be informed of any significant new findings (either good or bad), such as changes in the risks or benefits resulting from participation in the research...
or new alternatives to participation, that might cause you to change your mind about continuing in the study. If new information is provided to you, your consent to continue participating in this study will be re-obtained.

**POINTS OF CONTACT**

In the event of a research related injury or if you experience an adverse reaction, immediately contact the following:

Include the contact information of the appropriate medical or emergency agency.

If you have specific questions about the conduct of the research, please contact one of the investigators listed below.

Identify the point(s) of contact. Include the daytime telephone numbers and addresses. For greater than minimal risk studies, include night/emergency telephone numbers.

If you have any questions about your rights as a volunteer in the research, please feel free to contact the USMA Human Protections Director, Karen Peck at 845.938.7385 or hrpp@westpoint.edu.

**THE PRECAUTIONS TO BE OBSERVED BY THE SUBJECT BEFORE OR AFTER THE STUDY**

Describe any precautions the subject should be aware of, particularly those situations which must be reported to the investigator.

**RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

**SIGNATURE OF RESEARCH SUBJECT**

I have read the information provided above. I have been given an opportunity to ask questions and all my questions have been answered to my satisfaction. I have been given a copy of this form.

________________________________________
Name of Subject

________________________________________
Signature of Subject Date