**UAB IRB**

**CONSENT BOILERPLATE LANGUAGE - NCI CIRB ENGLISH**

**VERSION DATE: 12.10.2022**

**NOTE:  
-This consent language is in addition to the Consent Language (As Applicable) - NCI CIRB  
-Add the language below to the NCI CIRB-approved model consent form.  
-This language is already approved by NCI CIRB for the institution and you do not have to include in your Site Specific Worksheet for each protocol.  
-NCI CIRB-approval of the site must be obtained before any consent form can be used.**

**TITLE PAGE OF DOCUMENT:**

UAB IRB Protocol #: Include the UAB IRB # on a line underneath the title of the study. The number will be provided by the UAB Office of the IRB to the Principal Investigator/Contact.

**UAB IRB Protocol #:** *[Insert UAB IRB Protocol # beginning with IRB-]*

**What happens if I am injured because I took part in this study?** section:

UAB Payment for Research-Related Injuries: (add Children’s of Alabama when applicable)

UAB *and Children’s of Alabama* has not provided for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

**Who will see my medical information? section:**

Include applicable information only for the italicized portion of bullets below:

* The University of Alabama at Birmingham - the physicians, nurses and staff working on the research study (whether at UAB or elsewhere); other operating units of UAB, UAB Hospital, UAB Highlands Hospital, *University of Alabama Health Services Foundation, Children’s of Alabama, Eye Foundation Hospital, and the Jefferson County Department of Health*, as necessary for their operations; the UAB IRB and its staff
* The billing offices of *UAB and UAB Health Systems affiliates and/or Children’s of Alabama* and its billing agents

**Where can I get more information? section:**

UAB Office of the IRB Contact Information:

|  |  |
| --- | --- |
| **For questions or concerns regarding:** | **Contact:** |
| * Your rights as a research participant * Concerns or complaints about the research | UAB Office of the IRB  (205) 934-3789  Toll Free: (855) 860-3789 |

**Optional Studies and Contact for Future Research** section:

If there will be future research use of identifiable private information and/or identifiable biospecimens (research not specifically defined in the study), include applicable information and **lines for participants to initial** (do not use checkboxes).

**Signatures** section:

Witness (ONLY IF APPLICABLE)

Include if you will obtain consent from participants who do not speak English and use an interpreter.

Signature of Witness Date

Assent (ONLY IF APPLICABLE)

Include if assent is applicable.

For this study, assent of child is required for participants years and older.

ASSENT

* AGE 14-17: Signature of Participant Date
* AGE 7-13: The research was explained to the minor participant in age-appropriate term and the minor verbally agreed to take part in the study
* Minor declined to take part in the study.
* Assent is not required due to participant’s age. Participant is years of age.