IRB Template
MUST BE APPROVED
FOR SITES

ASH

Signature Page

Signature of the patient confirming that he/she/they understood the content of the consent form:

Signature: _____ Date _____

Name of the person (not relative of the patient) who explained the content of the consent form:

Printed Name: _____

Signature of the person (not relative of the patient) who explained the content of the consent form:

Signature: _____ Date _____

****For Sites in California****

AUTHORIZATION TO USE AND DISCLOSE INFORMATION FOR RESEARCH PURPOSES

What information may be used and given to others?

The study doctor will get your personal and medical information. For example:

- Past and present medical records
- Research records
- Records about phone calls made as part of this research
- Records about your study visits.

Who may use and give out information about you?

The study doctor and the study staff. [They may also share the research information with [enter SMO company name], an agent for the study doctor. delete if the site does not have an SMO]

Who might get this information?

- working for or with the sponsor, or
- owned by the sponsor.

Your information <u>may</u> be given to:

- The U.S. Food and Drug Administration (FDA),
- Department of Health and Human Services (DHHS) agencies,
- Governmental agencies in other countries,
- The institution where the research is being done,
- Governmental agencies to whom certain diseases (reportable diseases) must be reported, and
- Institutional Review Board (IRB)

If the results of this study are made public, information that identifies you will not be used.

What if I decide not to give permission to use and give out my health information?
Then you will not be able to be in this research study.

May I review or copy my information?
Yes, but only after the research is over.

May I withdraw or revoke (cancel) my permission?
This permission will be good until December 31, 2070.

You may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the study doctor. If you withdraw your permission, you will not be able to stay in this study.

When you withdraw your permission, no new health information identifying you will be gathered after that date. Information that has already been gathered may still be used and given to others.

Is my health information protected after it has been given to others?
There is a risk that your information will be given to others without your permission.

Authorization:
I have been given the information about the use and disclosure of my health information for this research study. My questions have been answered.

I authorize the use and disclosure of my health information to the parties listed in the

AUTHORIZATION SIGNATURE:

Signature of Subject	**Date**