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NEBRASKA’S HEALTH SCIENCE CENTER OFFICE OF REGULATORY AFFAIRS (ORA)

 Institutional Review Board (IRB)

**CONSENT TO PARTICIPATE IN RESEARCH**

**IRB #:**

**Title:**

You are being asked to participate in a research study.

Lawv hais kom koj koom tes rau txoj kev soj ntsuam kawm.

Before you agree, the investigator must tell you about (I) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

Ua ntej txaus siab, tus neeg kuaj xyuas yuav tsum tau piav qhia koj txog (I) lub pom phiaj, yuav ua li cas, thiab kev soj tsuam yuav ntev li cas; (ii) txhua yam yog kev xyaum; (iii) txhua yam yeej muaj kev cov nyom, ua kom tsis xis nyob, thiab muaj nuj nqis rau kev soj ntsuam; (iv) txhua yam yeej yog ua kom muaj nuj nqis rau kev soj ntsuam lossis kho; thiab (v) yuav ceev tsis pub leej twg npaub zoo npaum licas.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

Yog muaj tej yam dab tsi, tus neeg kuaj xyuas yuav tsum tau qhia koj xws li (I) muaj nyiaj pub lossis kho mob yog raug mob; (ii) tej zaum kuj muaj kev cov nyom; (iii) muaj tej zaum tus kuaj xyuas kuj hais kom koj tsum txhob koom tes ntxiv lawm; (iv) thiab kom koj them nqi; (v) muaj pes tsawg leej neeg yuav koom txoj kev soj ntsuam no.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

Yog koj txaus siab koom tes, koj yuav tsum tau xee npe rau daim ntawv no thiab sau ib daim ntawv rau qhov chaw soj ntsuam.

You may contact (name)       at (phone number)      any time you have questions about the research.

Koj hu tau rau (npe)       ntawm (xov tooj)       txhua zaus koj muaj lus nug txog txoj kev soj ntsuam.

You may contact Institutional Review Board at (402) 559-6463 if you have questions about your rights as a research subject or what to do if you are injured.

Koj hu tau rau Institutional Review Board ntawm at (402) 559-6463 yog koj muaj lus nug seb koj muaj cai li cas lossis yog koj raug mob koj yuav ua licas.

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.

Koj kev koom tes rau txoj kev soj ntsuam no yog koj txaus koj siab, thiab koj yuav tsis raug txim lossis poob kev pab yog koj tsis kam koom tes lossis tsis kam ua ntxiv lawm.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

Xee npe rau daim ntawv no txhais tias txoj kev soj ntsuam uas tau hais los saum toj no, yeej tau piav rau koj thiab koj yeej txaus koj siab koom tes rau txoj kev soj ntsuam no.

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Xee npe tus neeg koom tes hnub

(signature of participant) (date)

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Xee npe tus neeg pov thawj hnub

(signature of witness) (date)