***Navajo Nation IRB Consent form – SAMPLE***

***Adult Consent to Take Part in Human Research Study***

***Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Study #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Description of the Study***

* *What is the purpose for the Study:*
* *What should I know about the Study?*
* *Why am I being invited to take part in a Research Study?*
* *How Long will I be in the Study? How many people will be in the study?*
* *Where will the study take place?*
* *What will I be asked to do?*

***Risks and Benefits to the participant***

*Will being in this study help me in any way?*

* *What are the risk?*
* *What other choices do I have? What happens if I do not chose to join?*
* *What happens if I decide to withdraw or change my mind later?*
* *Who can I call with questions, compliants, or if I have concerns about my rights as a research subject:*

***Right to ask Question and Report Concerns:***

*You have the right to ask question about this research study, or have concerns, to report injuries, any problems, grievance and to have these questions answered by the* ***Navajo Nation Human Research Review Board Chairperson, Dr. Sonja Shin, MD. protempnhrrb@gmail.com, call (928) 871-6929, Fax (928) 871-6255, or write to: Navajo Research Office, P.O. Box 1390, Window Rock, Arizona 86515, before, during and after the research.***

*You may also contact the Principal Investigator of the Study at any time by email, telephone, or write:*

 *PI Name:*

 *Email: Telephone:*

 *Address:*

*Confidentiality*

* *How will confidentiality be mantained and my privacy be protected:*

*Voluntary Consent by the Participants*

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 *Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Print Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of person obtaining consent*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print name of person obtaining consent*