

Before 1973

FROM: US Senate Joint Hearings
Human Use Experimentation
(Sep - Nov 1975)

PA

853

VOLUNTEER'S PARTICIPATION AGREEMENT

NAME _____

Age _____ Grade _____ Serial No. _____

Organization _____

Name of Nearest Relative _____

Address of Nearest Relative _____

Telephone Number of Nearest Relative _____

I, _____, have received, read and understand a document entitled, "Medical Research Volunteer Program", copy of which is annexed hereto, and that the general nature of the experiments I have volunteered to participate in have been explained from the standpoint of possible hazards to my health. It is my understanding that the experiments are so designed, based on the results of animal and previous human experimentation, that the anticipated results will justify the performance of the experiment. I understand further that experiments will be so conducted as to avoid all unnecessary physical and mental suffering and injury, and that I will be at liberty to request that the experiments be terminated at any time if in my opinion I have reached the physical or mental state where continuation of the experiments becomes undesirable.

I recognize that in the pursuit of certain experiments transitory dis-comforture may occur and when such reactions occur especially _____ to occur I will be so advised. I recognize, also, that under these circumstances, I must rely upon the skill and wisdom of the physician supervising the experiment to institute whatever medical or surgical measures are indicated to protect me.

There has been no coercion, element of fraud or deceit, undue moral suasion or other adverse pressure brought to bear in my volunteering for this duty. I have done so of my own free will, completely aware of all _____, rewards and recognition involved.

DATE: _____ WITNESS: _____

SIGNED: _____ WITNESS: _____

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