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October 16, 1974

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CHANCELLORS
VICE PRESIDENT -- AGRICULTURAL SCIENCES
VICE PRESIDENT -- EXTENDED ACADEMIC AND PUBLIC SERVICE PROGRAMS

Gentlemen:

Recently revised regulations regarding the protection of human subjects necessitate the modification of the standard University consent forms which were sent to you as part of the POLICY ON THE PROTECTION OF HUMAN SUBJECTS on November 8, 1972. Attached are copies of appropriately modified forms. All provisions relating to the use of the forms (i.e. paragraph 3. in the November 8, 1972 Policy) continue in effect. * 44-5233

Sincerely



C. O. McCorkle, Jr.

Attachment:

cc: President Hitch
Other Vice Presidents
Laboratory Directors
Special Assistant Powell,
General Counsel Reidhaar
Assistant Vice President Everett

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00132623

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OFFICE OF THE PRESIDENT
BERKELEY, CALIFORNIA 94720

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October 16, 1974

UNIVERSITY OF CALIFORNIA
CONSENT TO ACT AS HUMAN SUBJECT

(REGULAR FORM)

Subject's name _____

Date: _____

1. I hereby authorize _____
[name of person(s) who will perform the

_____ and/or such assistants as may
procedure(s) and/or investigation(s)]

be selected by him to perform on _____

(Insert "me" if subject can sign on his
own behalf, or the subject's name if the
subject is a minor or is otherwise unable
to sign)

the following procedure(s) and/or investigation(s):

(Describe in detail, in language which will provide a fair
explanation of the procedure(s) and their purposes, including
an identification of those procedures which are experimental.)

2. The procedure(s) and/or investigation(s) listed in Paragraph 1

has (have) been explained to me by _____
(Name)

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3. I understand that the procedure(s) and/or investigation(s) described in Paragraph 1 involves (involve) the following possible risks and discomforts:

(Describe in detail)

and that the possible benefits of the procedure(s) and/or investigation(s) are as follows:

(Describe in detail)

4. (To be used when the procedure(s) is (are) intended to be of a possible therapeutic benefit to the patient-subject)

I have been advised of the following appropriate alternative procedures that would be beneficial to _____ :

(see 1. above)

(Describe in detail any such alternative procedures)

5. I understand that _____
[Name of person(s) who will perform procedure(s)]

_____ and/or such assistants as may be selected by
and/or investigation(s)]

him will answer any inquiries I may have at any time concerning the procedure(s) and/or investigation(s).

6. I understand that I may terminate participation in the study at any time without prejudice to future care or to any possible reimbursement of expenses, compensation, employment status, or other entitlement, except as provided herein, and that, owing to the scientific nature of the study, the investigator may in his absolute discretion terminate the procedure(s) and/or investigation(s) at any time. In the event that compensation for participation is to be paid, and participation is terminated by the subject or by the investigator, I understand that the subject will be entitled to payment of a sum based upon the scientific value to the study of the information obtained from the participation, provided, however, that in no event shall the subject receive less than _____ per cent of the agreed compensation if he/she continues to participate beyond the _____ (Describe the applicable time period) of the study.

SUBJECT'S SIGNATURE _____

WITNESS _____

(If subject is a minor, or otherwise unable to sign, complete the following):

- Subject is a minor (age ____), or is unable to sign because

 Father

 Guardian

 Mother

 Other person and relationship

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