

OFFICE MEMORANDUM

712230

TO : Dr. Robert S. Grier

DATE: October 25, 1974

FROM : Rosemary H. Griffith

SUBJECT : Revised Informed Consent Forms

SYMBOL : ADLL-2077

C10 334-344

Attached hereto are the revised informed consent forms currently in use by the University of California. Please destroy the old forms and use these in their place.

If you have questions please call me.

~~Rosemary H. Griffith~~
Rosemary H. Griffith

RHG:maj
Attach: As noted
cc: ISD-5, w/att
File, w/att

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LOS ALAMOS SCIENTIFIC LABORATORY

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 _____
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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 can 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

