



University of South Alabama  
Informed Consent Local Context Language

**NOTE! Biolerplate template for NCI IRB Submission**

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**\*If these sections apply they must be included in the consent document\***

## Instructions for Consent Document

This document is a guide for researchers regarding the language that is required to be in the informed consent when using the National Cancer Institute Central Institutional Review Board to oversee their study. Review each section to see if your study requires that language. If you have any questions about what should be included in the consent form, please contact the Office of Research Compliance and Assurance at 251-460-7573 or 251-460-6308.

Keep in mind the following items when reviewing this document:

- Information about that section is in standard, black lettering
- Examples/Mandatory language is provided in *blue italics*. It is noted above the language (in black) if that language is an example or mandatory.
- Mandatory language **cannot** be altered in anyway.
- Language in *red italics* is study specific and must be changed in accordance to your study.

This is not a comprehensive list of everything that needs to be included in an informed consent. Please refer to the templates and checklist provided on the [Informed Consent section](#) of the Office of Research Compliance and Assurance website for additional requirements.

## Research Related Injury

Language regarding research related injury is mandatory for studies greater than minimal risk. Insert the appropriate language from the three examples listed below. These three versions have been approved by the University of South Alabama IRB and should not be altered.

Required Language:

*(Option 1: If you are injured by being in this study treatment is available. The sponsor will pay for any necessary medical costs related to the treatment of your injury. If you are injured, there is no money set aside for lost wages, discomfort, disability, etc. You do not give up your legal rights by signing this form. If you think you have a research related injury, please call your study doctor.)*

-or-

*(Option 2: If you are injured by being in this study, treatment is available. Your insurance will be billed for the cost of treatment. The sponsor will pay for any necessary medical costs related to the treatment of your injury due to your taking part in the study and not paid by your insurance or any other payor. If you are injured, there is no money set aside for lost wages, discomfort, disability, etc. You do not give up your legal rights by signing this form. If you think you have a research related injury, please call your study doctor.)*

-or-

*(Option 3: If you are injured by being in this study treatment is available. The study site and/or your study doctor have not set aside money to pay for treatment of any injury. You and/or your insurance will be billed for the treatment of these injuries. Before you agree to take part in this research study you should find out whether your insurance will cover an injury in this kind of research. You should talk to the study doctor or staff about this. If you are injured, there is no money set aside for lost wages, discomfort, disability, etc. You do not give up your legal rights by signing this form. If you think you have a research related injury, please call your study doctor.)*

## Storage of Biological Materials

The following language is required by institutional policy to be included in the consent form if biological specimens will be stored for future use ***at the University of South Alabama***. If specimens are being stored at a non-USA location, then this language is not required. This language cannot be altered. Institutional Biosafety Committee review and approval may be required.

Required Language:

*Stored biological materials (e.g. tissues, blood, body fluids, urine, hair, skin) from research activities are periodically used by investigators to make important new measurements that were not possible at the time that the original research was conducted.*

*You are being asked to allow storage of your biological materials that remain from the current research. Your consent is needed to store such materials, and certain choices about how your materials may be used, identified, and about how you may be contacted in the future are listed. Future uses may include, but may not be limited to, research, education and commercial development.*

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Depending upon your choices, information gained from future studies could be linked to you by name or identifying number. Please consider the extent to which you wish your stored materials to be so identified when selecting below.

**Choices for Study Participant**

Your choice(s) below DO NOT affect your ability to participate in the current study.

**Do you wish to allow storage of your remaining biological materials?**

Yes  No

The choices below affect only FUTURE research that might be performed on your biological materials if you give your permission for them to be stored. Yes will mean that investigators may store biological materials for future use.

**Do you wish to limit the use of your stored biological material?**

Yes  No

If you answered "Yes" to the above question, please check the limits you wish to impose on the use of your stored biological materials:

\_\_\_\_\_ a. My coded, stored biological materials may be used for any study relating to the condition for which the sample was originally collected, and I may be contacted to seek my permission for other types of studies.

\_\_\_\_\_ b. My coded, stored biological materials may be used for the specified study only, but I may be contacted to seek my permission to do further studies related to or separate from the specified study.

\_\_\_\_\_ c. My coded, stored biological materials may be used for the specified study only, and is to be destroyed after that use with no further contact permitted to seek permission for future studies

\_\_\_\_\_ d. My unidentifiable/unlinked biological materials may be used for future research  
Specify any limitations, if desired: \_\_\_\_\_

If you agreed to allow storage, the samples will be stored by: [name/location]

Security will be provided by: [responsible person/agency]

## Statement for Bill of Rights

The Bill of Rights is only required for clinical trials. This document can be found in IRBNet Forms and Templates. The below language must be included in the informed consent. It is generally placed at the end of the consent form prior to the subject's signature.

Required Language:

*You acknowledge receiving and reading the Medical Research Subject's Bill of Rights.*

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## ClinicalTrials.gov Reporting

The following language is required by federal regulations to be in the consent form if the study is registered with clinicaltrials.gov. Information on what type of studies that require registering with clinicaltrials.gov can be found on the Office of Research Compliance and Assurance's website located [here](#). By law, the language cannot be altered in anyway, and must remain a standalone paragraph.

Required language:

*A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.*

## Reportable Income

You are required by University policy to include a statement, if applicable, that explains that any compensation over \$600 within a calendar year will require a W9 to be completed and will be considered reportable income. This compensation may affect any benefits they currently receive. The below language is an example and may be altered.

Example language:

*Since you could be compensated over \$600 within a calendar year, you must complete a W9 form as this will be reportable income. Reportable income could affect any benefits you may be receiving.*

## Source of Funding

The site should include a statement regarding the source of funds.

Required Language:

*The University of South Alabama and/or its affiliates are being paid by [sponsor name] to conduct this research study.*

## Conflict of Interest

To facilitate appropriate disclosure of potential conflicts of interest in the informed consent document, the following suggested language is provided. It is not required to use these specific provisions. Language should be modified to fit the specific facts and circumstances.

Example Language:

*This study is paid for by {name of sponsor} which {has no financial interest in its outcome} (or) {owns the drug/device being tested and thus has a potential financial interest in the outcome of the study}. Payments are made to the University of South Alabama and its affiliates and the funds are used to cover expenses of the study and related academic and research activities of the institution. {The investigators and the University of South Alabama do not have any financial interest in the outcome of the study} (or) {insert disclosure of potential conflict(s) of interest by investigator(s) and/or institution; using examples as the following:*

*The investigator, Dr. \_\_\_\_\_ (full name), owns equity (stock) of the company which is paying for this research.*

*-or-*

*The investigator, Dr. \_\_\_\_\_ (full name), personally receives consulting, or other payments from the company which is paying for the study.*

*-or-*

*The investigator, Dr. \_\_\_\_\_ (full name), is an inventor of {the drug/compound/device, etc}, for which a patent may be filed by the institution. If the patent is pursued, based on data from this and other research, royalties and other compensation may be received by the institution and the investigator. Thus the South Alabama Medical Science Foundation and the investigator have a potential financial interest in the outcome of this study.*

*If you require further information regarding financial arrangements described in this paragraph, you should discuss the matter with the study doctor, phone number, or you may contact the Director, Office of Research Compliance and Assurance at 251-460-6625.*

**\*If these sections apply they must be separate from the consent document\***

## Instructions for Separate Documents

The National Cancer Institute Central Institutional Review Board does not consider the topics in this section part of the conduct of research. However, they are required per the University of South Alabama's institutional policy.

If the section applies to your study, then you must provide the information in a separate document from the Informed Consent Form. This separate document does not need to be submitted to the NCI CIRB.

Review each section to see if your study requires that language. If you have any questions about what should be provided to the subject, please contact the Office of Research Compliance and Assurance at 251-460-7573 or 251-460-6308.

Keep in mind the following items when reviewing this document:

- Any separate document must be placed on a USA letterhead
- Information about that section is in standard, black lettering
- Examples/Mandatory language is provided in *blue italics*. It is noted above the language (in black) if that language is an example or mandatory.
- Mandatory language cannot be altered in anyway unless otherwise noted
- Language in *red italics* is study specific and must be changed in accordance to your study.

## Health Insurance Portability and Accountability Act (HIPAA)

HIPAA language is required if your protocol will be collecting Personal Health Information in a covered entity. This separate form must include a place for the subject's signature. Remember to fill-in study specific information noted *red*.

Required Language:

### **Purpose**

*Federal privacy laws protect the use and release of your identifiable health information, which is called protected health information (PHI). Under these laws, your protected health information cannot be used or disclosed to the research team for this research study unless you give your permission. Study records that identify you will be kept confidential as required by law.*

### **What protected health information will be used or disclosed?**

*The information that will be used and/or disclosed for this research study includes:*

*[The site will list the kinds of identifiable health information to be collected for the study such as]:*

- o demographic information*
- o test results*
- o medical history*
- o diagnostic and medical procedures*

*The results of this research study might be published in medical papers but no information that identifies you as an individual will be published.*

*Organizations that may inspect, evaluate study results, conduct data analysis, and/or copy your records: if applicable*

- Governmental agencies in other countries where the study drug may be considered for approval*
- Representatives of \_\_\_\_\_*
- People and companies with whom the sponsor works; business partners*
- Independent committees*

### **Who will use my protected health information and to whom will it be disclosed?**

*In addition to the study doctor and the research staff, the following individuals may have access to identifiable information related to your participation in this research study:*

*[The site will list study sponsor(s), funding agency, and/or any collaborators, if applicable].*

- The Food and Drug Administration for the purpose of monitoring the accuracy of the research data, [if applicable]*
- The Sponsor [List specific sponsor].*
- National Cancer Institute*
- The University of South Alabama Health System to include [the site will list applicable locations such as University Hospital, Children's and Women's Hospital, USA Clinic, etc...]*
- Your medical insurance carrier, to the extent required for payment purposes, if applicable.*

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- *The University of South Alabama Research Compliance and Assurance Office may review your protected health information for the purpose of monitoring the appropriate conduct of this research study*
- *The University of South Alabama Institutional Review Board may review your protected health information as part of its responsibility to protect the rights and welfare of research subjects.*
- *WIRB Copernicus Group may review your protected health information as part of its responsibility to protect the rights and welfare of research subjects.*

***Right to refuse authorization for collection of protected health information***

*If you decline to provide this authorization, you will not be able to participate in the research study. However, your decision to deny authorization will not affect your future medical care.*

***Does my authorization expire?***

*This authorization does not have an expiration date.*

***Right to withdraw permission to use protected health information***

*At any time, you may cancel this authorization in writing by contacting the principal investigator listed on the first page of the consent form. If you withdraw permission, you will be removed from the study. However, information gathered before the cancellation date may be used if necessary in completing the research study or any follow-up for this study.*

***Potential for re-disclosure***

*Your protected health information will not be used or disclosed to any other person or entity, except as required by law. Your PHI may also be disclosed for authorized oversight of this research study by other regulatory agencies or for other research for which use of your PHI has been approved by the Institutional Review Board. Please be aware that once protected health information is disclosed, we are unable to take back anything we have already done or any information we have already shared with your permission. However, the research team and the University's Institutional Review Board (a panel of doctors, scientists and community advocates who have the job of making sure the rights and welfare of study participants are protected) are careful to protect your privacy and limit the disclosure of identifying information about you.*

**Data Security**

*Information about your participation in this study is stored in a computer; we will take the following precautions to protect it from unauthorized disclosure, tampering or damage:*

- *All personal information will be stored on a locked computer*
- *Personal information will be kept on a spreadsheet that will be password protected.*

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Subject's Printed Name

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Date

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Subject's Signature

## Genetic Information Nondiscrimination Act (GINA)

The below language is mandatory if your protocol will be dealing with genetic testing. Additionally, you must use the information sheet for the Genetic Information Nondiscrimination Act (GINA) which is located in IRBNet Forms and Templates. This document is a handout in addition to the consent.

Required Language:

*There are risks of loss of privacy, getting insured, being employed, and stigmatization (treated badly due to your genetic testing results). There are some protections afforded by the Genetic Information Nondiscrimination Act (GINA). For a detailed listing of protections, please read the GINA information sheet that has been printed for you and that you have received with this consent. You can also find The Genetic Information Nondiscrimination Act at:*

<http://www.genome.gov/Pages/PolicyEthics/GeneticDiscrimination/GINAInfoDoc.pdf>