

Attachment 8**CALVARY HEALTH CARE BETHLEHEM**
*In the Tradition of the Sisters of the Little Company of Mary***PARTICIPATION CONSENT FORM**PROPOSAL/PROTOCOL NAME:

INVESTIGATORS:

1. The nature and purpose of the research project, the details of any and all associated risks have been explained to me and are specified in the Patient Information Sheet. I understand, and agree to take part on this research project.
2. I understand that I may not directly benefit from taking part in the research.
3. I understand that, while information gained during the study may be published, I will not be identified and my personal health information will remain confidential.
4. I understand that I can withdraw from the study at any stage and that this will not affect my medical care, now or in the future.
5. * I understand the statement concerning potential payment to me for taking part in this study, which is contained in the Patient Information Sheet.
6. I have had the opportunity to discuss taking part in this investigation with a family member or a friend.

Name of Subject: _____

Signed: _____
(Participant)

Dated: / /

I certify that I have explained the study to the patient/volunteer and consider that he/she understands what is involved.

Signed: _____
(Investigator)

- * Where relevant, investigators are responsible for including an appropriate statement regarding payments to subjects on the *Patient Information Sheet*.