Northwell Health

Assent of an Adult with a Legally Authorized Representative

I have been asked to join this research study. I have the right to find out what will or might happen to me if I am in the study. I have the right to tell the doctor, and the person legally allowed to make decisions for me, that I do or do not want to participate.

The person legally allowed to make decisions for me will also be asked to give permission for me to join this study.

(Investigator's name) and ___, the person legally allowed to make decisions for me, have explained what I will have to do in the study.

(Investigator's name) and ___, the person legally allowed to make decisions for me, have explained the discomforts, risks and inconveniences I may have if I join the study.

I agree that I need to avoid using any alcohol, including beer and wine, while in this study, as it could make me sick and cause serious side effects.

I agree to use effective birth control if I am a male or female.

If I am a female, I have been told that I will have pregnancy testing if I am able to have a child and the results will be kept private and not shared without my permission. I have been told that I need to remain pregnancy free throughout the study.

I have asked any questions I had, and all my questions have been answered.
_____ I agree to be in this study.
_____ I do not want to be in this study.

_____
Subject's name

_____ _____
Put your name here ↑ Date

_____ _____ _____
Witness's Printed Name Witness's Signature Date

All procedures, risks and discomforts have been explained to the subject.

_____ _____ _____
Investigator's Printed Name Investigator's Signature Date