COLORADO MULTIPLE INSTITUTIONAL REVIEW BOARD

Consent Form for Adult Participants

COMIRB#: _____________________
Study Title: ______________________

I hereby consent to participate in a research study that is being conducted by Colorado Multiple Institutional Review Board (COMIRB) in collaboration with [Institution A] and [Institution B].

Institution A:

Institution B:

I understand that participation is voluntary and that I have the right to withdraw at any time without affecting my future care. I agree to follow the instructions given by the study staff.

I have been informed of the following:

1. The purpose of the study: _______________________
2. The potential risks and benefits: _______________________
3. My rights as a participant: _______________________
4. The voluntary nature of participation: _______________________

I understand and consent to the above and agree to follow the instructions given by the study staff.

Signature: _______________________
Date: _______________________

Institution A: _______________________
Signature: _______________________
Date: _______________________

Institution B: _______________________
Signature: _______________________
Date: _______________________

Institution C: _______________________
Signature: _______________________
Date: _______________________

Institution D: _______________________
Signature: _______________________
Date: _______________________

If you have any questions about the study, please contact the study coordinator at [Contact Information].

Short Form – Adult Laotian
CF-012, Draft 2019
ກະຊວງໜ້ານສັກງານສ່ວນຢ່າງໃນຮູບແບບລະດັບປະກວດ (ອາກະຕາຍ) 
ພູແຫ່ງຂູງ ..........................................
ຜູ້ຮຽບ ເອະຄືດຍິນມາຮອງແບບຖຶກສ່ວນຢ່າງໃນຮູບແບບລະດັບປະກວດ (ອາກະຕາຍ) 
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