**RESEARCH SUBJECT INFORMATION AND CONSENT FORM ADDENDUM**

**Study Title:**[Study Title]

**Principal Investigator:** [Name and phone number]

[Hospital or Clinic name of main study site]

[Address of main study site]

**Study Sponsor:** [Name- or remove if none]

You are currently a subject in the research study noted above. The purpose of this research study was [briefly describe study purpose]. When you enrolled in this research study, we told you we would let you know about any new information that might affect your willingness to take part in this study. The purpose of this form is to tell you about new information we have learned.

[Describe new information and potential impact (or lack thereof) on the subject and study.]

If you have any questions or concerns about this new information, we will be happy to arrange for you to talk with the study doctor. Your continued participation in this research study is voluntary.

**AUTHORIZATION:**

I acknowledge that this new information was explained to me and that all my questions have been answered to my satisfaction.

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Signature Name

\_\_\_\_\_\_\_\_

Signature of Subject Date Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date Time