# INFORMED CONSENT ADDENDUM

## Title of Study: [Title of study]

## Principal Investigator: [List principal Investigator]

You are currently taking part in the above-named research study. When you enrolled in this research study, we told you we would let you know about any new information or changes that might affect your willingness to take part in this study. The purpose of this form is to share with you [new information we have learned AND/OR how the study has changed].

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

* *Use* ***layperson’s terminology; avoid scientific or research jargon.***
* *The description should be clear and easy to follow. The use of bullet points, tables, section headings, numbered steps, etc., is encouraged if it helps with readability.*
* *Ensure the description addresses any broad-reaching effects, such as change to or addition of risk/discomfort, changes to confidentiality or privacy measures, changes in time commitment, etc.*
* *When appropriate, describe changes in the context of the original plans to give participants a reference point (e.g., we originally planned for you to visit the lab four times. We are adding fifth visit because……).*

This information supplements the original consent form you read at the beginning of the study. Unless specifically indicated otherwise in this document, all information contained in the original consent form that you signed is still true and remains in effect.

Your continued participation in this research study is voluntary. You may withdraw from the research now or at any time without penalty or negative consequences.

If you have any questions or concerns about this information, contact [principal investigator name and contact information; ***for a student project*,** the supervising investigator’s name and contact information MUST be included].

**Your Consent**

*Example verbiage when re-consent will be documented via signature.*

By signing this document, you agree this new information was explained to you, your questions have been answered to your satisfaction, and that you wish to continue participating in the study. If any new questions arise, you can contact the research team using the information provided above.

Participant’s Name (printed)

Participant’s Signature Date

*Example verbiage when re-consent will be documented online (such as by clicking radio buttons):*

Please indicate below whether you wish to continue participating in this study. Make sure you understand how the study has changed before you agree. If any new questions arise, you can contact the research team using the information provided above.

You may print a copy of this form for your files.

Yes, I agree to continue participating in this study.

No, I do not wish to continue participating in this study.