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| Header/Logo  *Make the appropriate selection to the right of which logo to include on your ICF.* | Option A:  Option B:  Option C: |
| Pregnancy Risk Language  *Make the appropriate selection to the right.* | Option A:  It is possible that the medicines used in this study could injure a fetus if you, or your partner, become pregnant while taking them. You have already been told what is known about this possibility, and you are encouraged to ask further questions.  Option B:  It is possible that the medicines used in this study could injure a fetus if you, or your partner, become pregnant while taking them. You have already been told what is known about this possibility, and you are encouraged to ask further questions.  You may want to discuss this with others before you agree to take part in this study. If you wish, we will arrange for a doctor, nurse, or counselor who is not part of this study to discuss the potential risks and benefits with you and anyone else you want to have present.  Because of the potential risks, you, or your partner, must not become pregnant while you are participating in this study. Women must have a negative pregnancy test before entering the study *and before each study treatment. [as appropriate]*  If you are sexually active and can get pregnant, or can get your partner pregnant, you must use ONE [or TWO] appropriate method of birth control every time you have sex, or you must not have sex.    You can get additional information about methods to avoid pregnancy by calling the UNMC Research Subject Advocate’s Office at (402) 559-6941.  You will need to continue to use birth control to avoid pregnancy for X months/days after finishing the research.  By signing this and being in the study, you are agreeing to not get pregnant while you are on the study and for X months/days after. Should you become pregnant while on this study, you should immediately notify the study personnel. The investigator will assist you in finding appropriate medical care. The investigator also may ask to be allowed to continue getting information about your pregnancy. You can refuse to provide this information. |
| Subject Payment  Is SSN required for payment?    *Yes*  *No* | In order to pay you, you will have to provide your social security number. You can choose not to provide this and still participate in the research but we will be unable to pay you. |
| Tissue Bank  Is this applicable to your study?    *Yes*  *No* | We do not plan to pay you if any new drugs or products are made using the sample(s) you donated. It is our policy that all donated samples belong to the organization. |
| Subject Injury Language  Is your study greater than minimal risk?    *Yes*  *No* | Your health and safety is our main concern. If you are injured or have a medical problem because of this study call someone listed at the end of this consent form. You can get emergency medical treatment at Nebraska Medicine. You can also go to your doctor, the nearest emergency room or call 9-1-1.  We have no plans to pay for your treatment or give you any other money or compensation.  Signing this does not mean you have given up any of your legal rights. |

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| Other special instructions | ***If specific language needs to be added anywhere else in the consent form-[Name] will list it out here.***  *[provide additional language, if applicable]* |