OCHSNER CLINIC FOUNDATION

**RESEARCH COVER PAGE**

**Ochsner Investigator: Ochsner Investigator Name Here (only list 1 person)**

**Contact Information: Include mailing address and phone #**

**Alternate Study Contact: Name Here and 2nd phone #**

**EMPLOYEES IN RESEARCH**

If you are an employee of Ochsner Clinic Foundation (OCF), you are not required to participate in this research study and any decision to participate is completely voluntary. Participation in this research study is not required to maintain employment and your decision to participate or not participate will not affect your employment status in any way. Should you decide to enroll in this study, you may withdraw your participation at any time, and this decision will not affect your employment or performance evaluations.

By signing this informed consent, you acknowledge that you do not believe that you are being unduly influenced by your employer to participate in this study. You also acknowledge that no statements, threats, or implied threats have been made that your job or performance evaluations will be affected in any way whether or not you participate in this study.

**RISKS**

Louisiana law requires us to set forth the known risks of a medical treatment, including the risks, if any, of death, brain damage, quadriplegia (paralysis in all arms and legs), paraplegia (paralysis of both legs), the loss or loss of function of any organ or limb, and disfiguring scars, which might be associated with a necessary procedure. Any clinical study carries with it risks of which we may be unaware at this time, including those listed in this paragraph.

I freely consent to participate in this research study. I authorize the use and disclosure of my health information to the parties listed in the authorization section of this consent for the purposes described above. By signing this consent form I have not waived any of the legal rights that I otherwise would have as a subject in a research study.

**CONSENT SIGNATURE**

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Subject Signature Printed Name Date

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Signature of Legally Authorized Representative Printed Name Date

(when applicable) DELETE IF NOT USING LAR

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Authority of Subject’s Legally Authorized Representative or Relationship to Subject

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Person Obtaining Consent - Signature Printed Name Date