**BROWN UNIVERSITY**

**CONSENT ADDENDUM FOR RESEARCH PARTICIPATION**

[Title of study]

[*For multi-consent studies*: List the sub-title that identifies the specific population or activity covered by this consent addendum.]

Addendum

[Version #, Date]

**[Use for current participants who are still completing research activities.]**

You are already enrolled in this research study. You reviewed [and signed] the original study consent document on [Signature Date \_\_\_\_] (Consent Version, if available \_\_\_\_). You are now being invited to take part in new study procedures that require your additional consent.

**[Use for participants who completed research activities, but gave permission to be re-contacted for future procedures in the same study.]**

You enrolled in this research study and completed the activities in the original study consent document you reviewed [and signed] on [Signature Date \_\_\_\_] (Consent Version, if available \_\_\_\_). You gave your permission to be re-contacted for future research activities and are now being invited to take part in new study procedures that require your additional consent.

* RESEARCHER: [List names and contact information of principal investigator, contact person(s) for participants, advisor(s) for student research only.]
* NEW PROCEDURE[S]: You will be asked to … [state the procedures to be followed.] You are being asked to complete this [procedure] because … [state the reason this procedure is being added.]
* TIME INVOLVED: The [procedure] will take [state the total minutes, hours, days, etc.] of your time.
* COMPENSATION: You [will/will not] receive [state the compensation] for this [procedure]. [*If applicable*: With the addition of this new compensation, state the total compensation a participant will receive for the entire study.]
* RISKS: [State the reasonably foreseeable risks to the prospective participant from this procedure. Describe the steps for protecting against or minimizing any potential risks. Risks that are obvious to the study population do not need to be included.]
* BENEFITS: [*If appropriate, include*]: You may not directly benefit from completing this [procedure]. [State the direct benefits to the prospective participant that may reasonably be expected from the procedure, if any.]
* CONFIDENTIALITY: We will continue to follow the same confidentiality measures described in the consent document you signed for the original study. [If confidentiality measures will change, describe how they will be different from the original study. See the consent templates available on the [HRPP website](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control-research-data-management-and-data-use-agreements/irb/forms-and-templates#Consents) for guidance.]
* VOLUNTARY: Taking part in this [procedure] is optional. You do not have to complete it if you do not want. Even if you decide to complete the [procedure], you can change your mind and stop at any time. Deciding not to take part in this [procedure] will not affect your participation in the original study.
* CONTACT INFORMATION: If you have any questions about your participation in this study, you can call [(name) at (phone #) or email [XXX@brown.edu](mailto:XXX@brown.edu).

[*If conducting student research,* ***add****:* You can also contact my advisor (name) at (phone # or email).

[*If conducting international student research,* ***add****:* You can also contact my local contact (name) at (phone # or email).]

* YOUR RIGHTS: If you have questions about your rights as a research participant, you can contact Brown University’s Human Research Protection Program at 401-863-3050 or email them at [IRB@brown.edu](mailto:IRB@brown.edu).
* CONSENT TO PARTICIPATE: [Use the consent process below that is most appropriate for your study: Signed consent, Online consent, or Phone/Verbal consent.]

**[Signed consent]** Your signature below shows that you have read and understood the information in this document, and that you agree to volunteer as a research participant for this [procedure].

You will be offered a copy of this form.

Participant's Signature and Date / PRINTED NAME

**[Online consent]** Clicking the link below confirms that you have read and understood the information in this document, are <insert age range> and that you agree to volunteer as a research participant for this [procedure].

You can print a copy of this form.

<include URL>

**[Phone/Verbal consent]** Do you agree and understand the information in this document? Do you agree to volunteer as a research participant for this [procedure]?

Would you like a copy of this form?