**CONSENT FOR CONTINUED PARTICIPATION IN A RESEARCH STUDY BY A PARTICIPANT WHO HAS REACHED AGE 18**

**INFORMED CONSENT - PART I**

**Notes to Investigators and/or study staff:**

* *The Informed Consent process is not complete without participant signatures on both Informed Consent Parts I (This form) and II (HIPAA Form)*
* *A copy of the most recent, signed informed consent that the parent (guardian) signed must be given to the subject before they sign this form.*
* *Text in blue is informational only and should be deleted before submitting to IRB.*

|  |  |
| --- | --- |
| ***Title of Study:*** |  |
| ***Study Sponsor:*** |  |

***1- Who is doing the study?***

Investigator Information:

Principal Investigator: Name, Degree

Telephone Number

Medical Investigator: Name, M.D.

Telephone Number

24-hr. Emergency Phone Nos.:

      (Weekdays 7:00 a.m.-4:30 p.m.)

(225) 765-4644 (After 4:30 p.m. and Weekends)

Sub Investigators: Name, Degree

Name, Degree

***2- What is the purpose of this consent form?***

You are currently taking part in this research study with the permission of your parents or a legally authorized representative (LAR). Now that you have reached 18, we are asking for your consent to continue participation in this study. Your participation is voluntary and you may choose to stop taking part now or at any time in the future.

***3- What you should know about participation in this research study?***

You will be given a copy of the original or most recent consent form that was signed by one or both of my parents or legally authorized representative.

If you decide to continue as a participant in this research study, you will be expected to attend the remainder of the study visits and complete any remaining procedures.

You may withdraw from the study at any time without penalty; however, all data Pennington Biomedical has previously collected cannot be removed from the study.

***4- Signatures – Consent to continue in the research study:***

*(Note: Signatures of volunteer and person administering informed consent must appear on same page)*

I have been given a copy of the original/most recent research consent signed by one or both of my parents or my legally authorized representative. I agree to remain in this study, and to have my personal health information collected for research purposes.

I understand that I can change my mind about taking part at any time.

The study has been discussed with me and all my questions have been answered. I understand that additional questions regarding the study should be directed to the study investigators. I agree with the terms above and acknowledge that I will be given a copy of this signed consent form.

With my signature, I also acknowledge that I have been given either today or in the past a copy of the Notice of Privacy Practices for Protected Health Information.

Printed Name of Volunteer

Signature of Volunteer Date

Printed Name of Person Administering Informed Consent

Signature of Person Administering Informed Consent Date

# Insert Name of Principal Investigator

Principal Investigator

Insert Name of Medical Investigator

Medical Investigator

***5- Biospecimens for Future Research***

*(Note: If Biospecimens for future research are collected for this study, include this section. If not, remove this section. If Imaging (MRI scans) for future research is collected, just replace “biospecimens” with “Imaging (MRI scans)”*

If biospecimens for future research is optional, include the following:

The donation of biospecimens in this study is optional. No matter what you decide to do, it will not affect your study participation. You will still be allowed to continue your participation in the study even if you don't want your specimens to be used for future research.

**To allow continued use of your biospecimens**

􀀀 I agree to continue to allow researchers to use my biospecimens for future research purposes. I understand that I can change my mind about this at any time.

Signature of Volunteer Date

**To not allow continued use of your biospecimens**

􀀀 I request that my identifiable biospecimens be destroyed. I do understand that biospecimens that have already been used cannot be destroyed.

Signature of Volunteer Date

If you decide you would like to withdraw your consent to use your samples, you must provide a written request to have your samples destroyed. In the event you withdraw your consent, it will not be possible to destroy samples that have already been given to researchers.

For destruction of your samples, you can contact the Principal Investigator at:

Principal Investigator

Pennington Biomedical Research Center

6400 Perkins Road

Baton Rouge, LA 70808

If biospecimens for future research is NOT optional, include the following:

Biospecimens that have been or will be collected for this research study may be used for research at a later time.

The sharing of biospecimens in this study is not optional. If you do not want your biospecimens stored for future research, you may not continue participating in this study.

If you decide you would like to withdraw your consent to use your samples, you must provide a written request to have your samples destroyed. In the event you withdraw your consent, it will not be possible to destroy samples that have already been given to researchers.

For destruction of your samples, you can contact the Principal Investigator at:

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