### This template is intended for use with Medical Exempt protocols only

### Instructions are in blue; bolded items must be included.

### *Before submission to the IRB*: Remove instructions and any bold emphasis.

* Consider using large font if you anticipate recruiting participants with visual impairments, e.g., older populations, or for eye studies

**DESCRIPTION:** You are invited to participate in **a research study** on (*describe project in non-technical language; include types of questions that will be asked, if applicable; explain* ***purpose*** *of the research).* You will be asked to *(describe* ***procedures****; mention video/audio taping, if applicable, and what will become of tapes after use, e.g., shown at scientific meetings; describe the final disposition of the tapes).* Participation in this research is voluntary, and you are free to withdraw your consent at any time.

*If the research involves deceiving the subjects regarding the nature or purposes of the research (Category 3 only), participants must be informed that they will be unaware of or misled regarding the nature or purposes of the research*. *Here is a sample deception disclosure statement:* Studies sometimes contain deception. By continuing to participate in this study, you consent to possible deception and understand that the researchers will debrief you at the end of the study about any deception used.

**TIME INVOLVEMENT:** Your participation will take approximately *(insert* ***duration****).*

**PAYMENTS:** You will receive *(describe reimbursement; where there is none, state as such)* as payment for your participation.

**PRIVACY AND CONFIDENTIALITY:** The risks associated with this study are *(describe foreseeable risks to participants; if none, state as such).* Study data will be stored securely, in compliance with Stanford University standards, minimizing the risk of confidentiality breach.Your individual privacy will be maintained during the research and in all published and written data resulting from the study. *If identities will be disclosed, provide details and include the following statement:* With your permission, your identity will be made known in written materials resulting from the study.

**CONTACT INFORMATION:**

*Questions:*If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director,*(name and phone number of Protocol Director).*

**Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at 650-723-5244 or toll free at 1-866-680-2906.  You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

*(If applicable)* Appointment Contact: If you need to change your appointment, please contact *(name)* at *(phone number).*

*(If applicable)* With your permission, the interview will be audio recorded. If you do not wish to be audio recorded, please indicate this to the researcher.

*(If applicable)* With your permission, the interview will be video recorded. If you do not wish to be video recorded, please indicate this to the researcher.

*(If applicable)* With your permission, the recordings from this study will be used for *(describe proposed use of recordings)*: If you do not agree with this, please indicate this to the researcher. *(Please note, this option is applicable if the recordings are used for purposes that are not part of this research project, e.g. future analysis, professional presentations, etc)*

*(If applicable)* With your permission, your identitiy will be revealed in written materials resulting from the study. If you do not wish for your identity to be revealed, please indicate this to the researcher.

The paragraph below must be included in all studies involving COVID-19 research.

**\***The federal government has issued a Declaration that may limit your right to sue if you are injured or harmed while participating in this COVID-19 study. If the Declaration applies, it limits your right to sue researchers, healthcare providers, any study sponsor, manufacturer, distributor or any other official involved with the study. However, the federal government has a program that may provide compensation to you or your family if you experience serious physical injuries or death. To find out more about this “Countermeasures Injury Compensation Program” please go to <https://www.hrsa.gov/cicp/about/index.html> or call 1-855-266-2427.

**The extra copy of this consent form is for you to keep**. *(For online studies: “****Please save or print a copy of this page for your records****”)*

**If you agree to participate in this research, please** *(describe what the participant must do to indicate agreement to participate. For example: “complete the attached questionnaire / survey”, or “indicate this to the researcher”).*