**FORM 7.1G: INFORMED CONSENT DOCUMENT TEMPLATE: VENIPUNCTURE**

**CONSENT FORM FOR VENIPUNCTURE**

[Language]

[Version number]

[Version date]

[Title of Study]

**PURPOSE**

We are conducting a research study of .

**PROCEDURES**

For this purpose, about (tsp, tbl, cup) of your blood will be needed. The procedure involves placing a needle in a vein in your arm to take blood and will require no more than a few minutes.

**RISKS**

Occasionally there are minor complications, and you may experience bruising, swelling, black and blue marks, fainting and/or infection at the site.

**BENEFITS**

Although the results of this test may not benefit you directly, they can be made available to your physician upon request.

**CONFIDENTIALITY**

Data collected during this study will be confidential, except as may be required by law, and any publication resulting from the research will not personally identify you.

**WITHDRAWAL**

Your decision to take part in this study is a voluntary one and your medical care will not be affected if you refuse. You may terminate your participation anytime without prejudice to present or future care at the Name (Institution/Organization).

**PARTICIPANT'S RIGHTS**

Should you wish further information regarding your rights as a research participant at the (Institution/Organization), you may contact on telephone xxx-xxx- xxx.

**INJURY/COMPLICATIONS**

In the event of physical injury resulting from the research procedure, medical treatment in excess of that covered by third party payers will be provided at no cost to you, but financial compensation for injury is not available.

You will be given a copy of this consent form.

By signing below, you consent to participate in the procedure described above

Your signature Date

Name (print)

*(If the protocol allows the entry of participants unable to provide informed consent, the following signature line should also be placed under the area for the participant’s name and signature)*

Signature of Legal Representative Date

Name of Legal Representative (print)

*(If the participant is unable to read or sign their name, the following signature line should also be placed under the area for the participant’s name and signature)*

Signature of Witness to Participant Mark or Consent Date

Name of Witness to Participant Mark or Consent

This procedure uses radioactive materials (x-rays) and you will receive a radiation exposure. There is a risk associated with this exposure that is justified by the medical information that will be beneficial to --your/others --medical treatment. The radiation exposure received from this procedure is roughly equivalent to (number) of (typical diagnostic procedures). (Explain)

Risk/Benefit: Information allowing the IDI REC to comment on the usefulness of the procedure must be submitted. Attaching a copy of the submission to the IDI REC is sufficient. This section is particularly important whenever research organ/whole body doses exceed 3/5 Rem.