**ADDENDUM CONSENT FORM FOR SUBJECTS TURNING 18 YEARS (TEMPLATE VERSION: 10/4/16)**

Note: please remember to re-obtain HIPAA authorization (from the now adult subject) in addition to obtaining this consent.

Note: form should be formatted in at least 12 point font (times new roman) or equivalent.

**[all instructions (in RED) and text not applicable to the research should be deleted when the form is modified for use on a particular study]**

Children’s Hospital Los Angeles

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Addendum to Consent Form for**

[Insert study title]

[If study title is technical, add lay language title]

[If the study involves using different forms for different populations, identify the population group as a subtitle]

|  |  |  |  |
| --- | --- | --- | --- |
| Subject’s Name: |  | | |
| CHLA#[if applicable]: |  | Birth Date: |  |
|  |  |

You are currently enrolled in a research study at Children’s Hospital Los Angeles. When you began the study you were under the age of 18 years and your parent or legal guardian gave their permission for you to participate. Now that you are an adult, you have the legal right to consent for your own continued participation.

The original consent form for the study is attached. A member of the research team will discuss the remaining study activities with you. Participation in this study is completely voluntary. Please read the information provided, and ask questions about anything you do not understand, before deciding whether or not to participate.

|  |
| --- |
| **SIGNATURE OF RESEARCH SUBJECT** |

Your signature below indicates

* You have read this document and understand its meaning;
* You have had a chance to ask questions and have had these questions answered to your satisfaction;
* You consent to your participation in this research study; and
* You will be given a signed copy of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Subject

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Subject Date

|  |
| --- |
| **SIGNATURE OF INDIVIDUAL OBTAINING CONSENT** |

I have explained the research to the subject and have answered all of his/her questions. I believe that he/she understands all of the information described in this document and freely gives consent to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Individual Obtaining Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Obtaining Consent Date

|  |
| --- |
| **SIGNATURE OF WITNESS (if applicable)** |

Your signature below indicates:

* I was present for the entire consent conference;
* The information in the consent document and any other written information was accurately explained to the subject;
* The subject had an opportunity to ask questions and those questions were answered; and
* The subject voluntarily signed the consent form in my presence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date

Routing of signed copies of the consent form:

1. Give to the subject (copy)
2. Place in the CHLA Medical Record (copy) [if applicable]
3. Place in the Principal Investigator's research file (original)