

[Insert Name and Address of your Site]

This document should be used to develop a site-specific consent form for multi-site studies. A site-specific consent form will be created by the USC IRB using the approved master template consent form and the completed site-specific consent template your site provides.

PRIOR TO FINALIZING THE CONSENT DOCUMENT, DELETE ALL TEXT/INSTRUCTIONS IN RED AND SECTIONS THAT ARE NOT APPLICABLE TO THIS RESEARCH.

- Use font size 12 and leave one inch left and right side margins to accommodate the USC IRB approval stamp.

PART 2: STUDY SITE CONSENT INFORMATION

Study Title:

Site Name:

Site Principal Investigator:

Site Principal Investigator Telephone:

Emergency Contact Telephone:

Introduction:

This part of the consent form includes information about your site and is specific to participation at your site only. Please take as much time as you need to read the main consent and this site consent information. You may want to discuss it with your family, friends, or your personal doctor. If you find any of the language difficult to understand, please ask questions.

SITE-SPECIFIC PROCEDURES

[Briefly describe any differences in the study procedures. This section is only needed if certain procedures described in the main consent document will not occur at the site or if additional procedures will occur at the site that are not described in the main consent document. Otherwise delete this section.]

RISKS AND DISCOMFORTS

[Briefly describe any differences in the study risks. This section is only needed if the risks described in the main consent document are different at the site or if additional risks will occur at the site that are not described in the main consent document. Otherwise delete this section.]

USC Principal Investigator:

USC IRB Number:

Master Informed Consent Approval Date:

Revised **[Insert Date]**

[Insert Name and Address of your Site]

PRIVACY/CONFIDENTIALITY

[Insert site HIPAA language here or attach the site HIPAA form. The Relying Institution shall be responsible for ensuring the language or separate form complies with applicable requirements in the HIPAA Privacy Rule.]

PAYMENTS / COMPENSATION

[Please refer to the payment section in the Part 1 Master informed consent. Only include this section if the payment is different than the payment/method of payment described in the main consent document. Otherwise delete this section.]

COST

[Please refer to the cost section in the Part 1 Master informed consent. Only include this section if the cost to participants is different than the costs described in the main consent document. Otherwise delete this section.]

INJURY

[Please refer to the injury section in the Part 1 Master informed consent. Add any site required language and contact information for research-related injury. Only include if this is applicable, otherwise delete this section.]

SITE IRB CONTACT INFORMATION

[If required, include local IRB contact information. Otherwise delete this section.]

Additional information about your local site:

[Insert any additional required consent sections and/or language for your site, as applicable for this study, otherwise delete this section. Such as:

- Local language regarding state law requirements for reporting of communicable diseases.
- Local language required for any specific research procedures, e.g. commercialization of cell lines.
- Local conflict of interest disclosures

STATEMENT OF CONSENT

[Please refer to the signature section in the Part 1 Master consent form. If required, include your site-specific signature lines here. Otherwise, the USC signature lines from the Part 1 Master consent will be used.]

USC Principal Investigator:
USC IRB Number:
Master Informed Consent Approval Date:
Revised **[Insert Date]**