

**INFORMED CONSENT TO TAKE PART IN RESEARCH**

*(Suggested Use: Minimal Risk Research Involving Blood Draws)*

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<b>Study Title:</b>	Immune System Blood Draw Study
<b>Study Sponsor:</b>	Association for Good Research
<b>Principal Investigator:</b>	John Smith, MD, Professor, Internal Medicine, UTHealth
<b>Study Contacts:</b>	Jane Doe, R.N., Research Nurse
<b>Contacts:</b>	Jane Doe: 713-500-0000

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**Introduction:** You are being asked to be in this research study because you are an adult with no known illnesses. Your participation in this study is voluntary. Please ask any questions you may have about participating in this study.

**Purpose:** We are doing this study to learn more about how the body fights infection.

**Procedures:** If you agree to participate in the study we will ask you some questions about yourself and your health history. We will also use a needle to take about 2 teaspoons of blood. It will take about an hour to complete the study. We do not plan to tell you what we find when we analyze your blood. When we finish our tests we will destroy any leftover blood.

**Benefits:** You will not benefit from participation in this study.

**Withdrawal:** You can withdraw from this study at any time without penalty.

**Confidentiality:** Your identifiable information will not be included on the blood sample. If study results are published you will not be identified.

**Questions:** If you any questions about this study please call 800-867-5309 and ask to speak to someone about the Immune System Blood Study.

If you have any questions about your participation in this research, you can call the Institutional Review Board (IRB) at xxx-xxx-xxxx. The IRB is a committee that has reviewed and approved this research study (HSC-XX-XX-XXXX).