# Recommended Signature Page Format for Persons Who Do Not Speak English

# AGREEMENT TO PARTICIPATE

**Consent for Myself:**

I have read this form, or it has been read to me, and I understand what has been discussed. My questions about the research and this consent form have been answered to my satisfaction. I give my consent to take part in this research.

|  |  |
| --- | --- |
| *[Participant’s Name (Printed)]* | *[Participant’s Signature]* |
| Participant’s Full Name | Signature |
|  | *[Date Signed]* |
|  | Date |

**Consent for My Child, or as the Legally Authorized Representative or Surrogate of the Participant:**

I give my consent for my child, for a child for whom I am a guardian, as the legally authorized representative or as a surrogate of the participant to take part in this research and agree to allow him or her to participate in the research as described above.

|  |  |
| --- | --- |
| *[Parent/Guardian/Representative*  */Surrogate’s Full Name in Print]* | *[Parent/Guardian/Representative*  */Surrogate’s Signature]* |
| Parent/Guardian/Representative/Surrogate’s Full Name | Signature |
| *[Participant’s Name in Print]* | *[Date Signed]* |
| Participant’s Full Name | Date |

**Signature of Investigator or Person Authorized to Obtain Participant’s Consent:**

To the best of my ability, I have explained and discussed the research study including all of the information contained in this consent document. All questions of the participant and/or of the participant’s parent/guardian/representative/surrogate have been accurately answered and the participant has been given a copy of the consent.

|  |  |
| --- | --- |
| *[Investigator/Person Obtaining*  *Consent Full Name in Print]* | *[Investigator/Person Obtaining*  *Consent Full Name Signature]* |
| Parent/Guardian/Representative/Surrogate’s Full Name | Signature |
|  | *[Date Signed]* |
|  | Date |

**Signature Of Witness (As Applicable—When Using “Short Form Consent”)**

|  |  |
| --- | --- |
| *[Signature of Witness]* | *[Signature of Witness]* |
| Witness Full Name in Print | Signature of Witness |
|  | *[Date Signed]* |
|  | Date |

**Signature Of Qualified Interpreter (As Applicable):**

The person, who has signed above, ***[Full Name]***, does not read or speak English well. I read English well and am fluent in ***[Language]***, a language the participant (or his/her representative) understands well. I understand the content of this consent document and confirm that, to the best of my knowledge and belief, I have accurately interpreted the entire content of this document. The participant (or his representative) has had an opportunity to ask questions about the research and this consent document, and these questions have been answered.

|  |  |
| --- | --- |
| *[Full Name in Print]* | *[Qualified Interpreter (if present) Signature]* |
| Qualified Interpreter (if present) Full Name | Signature |
|  | [Date Signed] |
|  | Date |
|  | |
| *[Qualified Interpreter Full Name]* | *[Company Name]* |
| Qualified Interpreter  (If Service Provided By Telephone) | Interpretation Company Name (if applicable) |
| *[Qualified Interpreter ID Number]* |  |
| ID# |  |
| *[???]* | *[???]* |
| Time | Date |