**[USE YOUR DEPARTMENT LETTERHEAD]**

**CONSENT FOR THE USE OF HUMANITARIAN USE DEVICE (NAME OF HUD)**

**Clinician:** [Add the Clinician’s name and credentials here (i.e. M.D., Ph.D., etc.).]

**INSTRUCTIONS:**

* **[BLUE]** highlighted text provide instructions to guide you in constructing the consent document.
* Delete all **[BLUE]** instructional text before submitting the document to the IRB.
* The consent document should be written in lay language.

This form is designed to provide you with information about the humanitarian use device that will be used in the procedure that you will have performed. Please take your time reviewing this information before you consent to its use.

**What is a Humanitarian Use Device?**

A Humanitarian Use Device is a device used to diagnose or treat a disease or condition that affects fewer than 8,000 individuals in the United States per year and for which no comparable device is available. Although the device is authorized by Federal law for use in the [choose: treatment or diagnosis] of [specify the disease or condition], the effectiveness of the device for this use has not been demonstrated.

**Why is this procedure being done with this device?**

You are being asked to consent to the use of [name of device] because your doctor has determined that [provide rationale for use, and explain in lay terms the hypothesized mechanism of action of the HUD in relation to the disease or condition].

**What will be involved with the use of this device?**

[Prove a description of the use of this device and any additional procedures involved in its use.]

**What are the risks of harm from use of this device in this procedure?**

[Specify all known risks or discomforts from the use of the HUD in the procedure.]

**What are the benefits of this procedure?**

[Specify the benefits to the patient from the use of the HUD in the procedure.]

**What are the alternatives to use of this device?**

Instead of consenting to the use of [name of device], the following alternative treatment are available: [Itemize treatment alternatives to the use of the device. If there are no alternatives, state that here.]

**Who can I call for more information?**

Dr. [name of clinician] is available to answer any questions or concerns that you may have and can be reached at [phone number].

If you have questions, concerns, problems, information or input about the research or would like to know your rights as a research subject, you can contact the Rutgers IRB or the Rutgers Human Subjects Protection Program via phone at (973) 972-3608 or (732) 235-2866 or (732) 235-9806 OR via email [irboffice@research.rutgers.edu](mailto:irboffice@research.rutgers.edu), or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

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| **Agreement to the use of a Humanitarian Use Device in Clinical Care**  I agree to the use of a Humanitarian Use Device in my clinical care. I have received a copy of the product labelling information from the clinician that was provided by the holder of Humanitarian Use Device Exemption.  **Signature Section:**  [To document the patient (or their legally authorized representative) consent to use of HUD for clinical care. Follow the clinical site’s conventions for documentation of consent unless directed by the IRB to document following an IRB documentation template. At a minimum, the patient’s name, signature and date the patient reviewed with the clinician the use of the HUD in their care and consented to its use must be documented.] |