BANNER EMPLOYEE ADDENDUM TO CONSENT

For Research Purposes

**Title:**

**Protocol #:**

**IRB #:**

**Sponsor:**

**Investigator:**

**Site(s):**

**STUDY-RELATED**

PHONE NUMBER(S):

**Purpose of this Addendum**

You are a Banner Health Employee considering participation in a research study. As such, you need additional information in order assure you have adequate information to decide whether or not to participate in the above noted study.

**Your Decision is Voluntary**

Your decision to participate in the research study is voluntary.

**What Happens if You Refuse to Participate?**

If you refuse to participate in the research study, no adverse action will be taken. Your refusal or agreement to participate in this study will not affect any aspect of your job, such as performance evaluations, wage increases, or job advancement.

**When May You Participate in the Required Research Activities?**

Your participation in the research activities should occur outside of your scheduled work hours. You may participate in the research activities during PTO time that has been approved in advance.

**Will You Need to Take PTO?**

PTO may be required if your participation in the research study requires you be involved in research activities during your normal working hours. If you have questions regarding the need to use PTO, please discuss with your supervisor.

**Will You Receive Wages for Time Spent Participating in This Research Study?**

As participation is strictly voluntary and outside of your scheduled work hours, you will not be paid any wages for your time spent participating in the research study. However, you are eligible to receive any study participant stipend provided by the study sponsor.

Do not sign this addendum unless you have had a chance to ask questions and you have received satisfactory answers to all of your questions.

If you agree to participate in the study, you will receive a signed and dated copy of this addendum for your records.

**Employee Signature**

I have read the information in this addendum (or someone read it to me).

I have had an opportunity to discuss study participation with the research study doctor or research staff. My questions have been answered to my satisfaction.

Employee’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature (completed by Employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**---------------------------- Use this witness section only if applicable -------------------------**

*If this addendum is read to the research study subject because he/she is unable to read the form, an impartial witness not affiliated with the research or investigator must be present and sign the following statement:*

I confirm that the information in the addendum and any other written information was accurately explained to, and apparently understood by, the study subject. He/she freely agreed to participate in the research study.

Printed Name of Impartial Witness

Signature of Impartial Witness

Date of Signature (completed by Impartial Witness)

*Note: This signature block cannot be used for translations into another language. A translated consent form is necessary for enrolling subjects who do not speak English.*