

**Authorization and Permission**

I \_\_\_\_\_ have read this form and decided that I  
(Name of Subject)  
will participate in the project described above. Its general purposes, the particulars of involvement and possible hazards and inconveniences have been explained to my satisfaction. My signature also indicates that I will receive a signed copy of this consent form.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

**Advanced Directive**

If at any time during this study my ability to give informed consent becomes impaired, then I would like \_\_\_\_\_ to make decisions on my behalf regarding my continued participation in this study. In the event that he/she is unable or unwilling to perform this function, then I would like \_\_\_\_\_ to make decisions on my behalf regarding my continued participation in this study.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
*(may not be PI or person designated as LAR)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator or Designee

\_\_\_\_\_  
Date

If you have further questions about this project or if you have a research-related problem, you may contact the Principal Investigator [NAME] at [NUMBER]. If you have any questions concerning your rights as a research subject, you may contact the Human Investigation Committee at 203-785-4688. If after you have signed this form you have any questions about your rights, please contact the Yale Privacy Officer at 203-436-3650.

***THIS FORM IS NOT VALID UNLESS THE FOLLOWING BOX  
HAS BEEN COMPLETED IN THE HIC OFFICE***

THIS FORM IS VALID ONLY THROUGH:  
\_\_\_\_\_  
HIC PROTOCOL #:  
\_\_\_\_\_  
INITIALED:  
\_\_\_\_\_