**INSTRUCTIONS:** Information provided throughout this form must be presented in sufficient detail relating to the research, and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilities the prospective subject’s understanding of the reasons why one might or might not want to participate.

# THE CITY UNIVERSITY OF NEW YORK

*<insert name of PI’s Affiliated CUNY College>*

*<insert name of PI’s Department>*

# ADDENDUM TO THE INFORMED CONSENT FORM NEW INFORMATION FOR CONTINUING RESEARCH PARTICIPANTS

**Title of Research Study:** <enter title of study here>

**Principal Investigator:** <enter name and degree(s) of PI here>

<enter CUNY title of PI here>

|  |  |  |
| --- | --- | --- |
| **Faculty Advisor:** |  | <enter name and degree(s) of Faculty Advisor here, when applicable> |
|  |  | <enter CUNY title of Faculty Advisor here >  <enter name of Faculty Advisor’s CUNY campus, if different from one listed in consent form heading above>  <enter name of Faculty Advisor’s department, if different from one listed in consent form heading above> |
| **Research Sponsor**: | | <enter name of research sponsor/funder, if applicable> |

You are participating in this research study. We have identified new information that may affect your willingness to continue participating in this research. The new information is provided below.

**New Information:**

<Describe the new information; if subjects will be asked to participate in new research procedures, also describe the risks associated with these procedures.>

**Participants’ Rights:**

* Your participation in this research study is entirely voluntary. If you decide not to continue participating in this research, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.

* You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

**Questions, Comments or Concerns:**

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers:

<List names, titles, and contact information for each of the researchers, as appropriate.>

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918. Alternatively, you may write to:

CUNY Office of the Vice Chancellor for Research

Attn: Research Compliance Administrator

205 East 42nd Street

New York, NY 10017

**Signature of Participant:**

If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Participant        **Signature of Individual Obtaining Consent** |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Individual Obtaining Consent |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Individual Obtaining Consent |  | Date |