



## RESEARCH CONSENT FORM

**Project Title:** Community Cancer Needs Assessment Survey

**Principal Investigator:** Linda Mermelstein, MD, MPH

**Co-Investigators:** N/A

**Department:** Stony Brook Cancer Center, Office for Community Outreach and Engagement

### KEY INFORMATION

- (1) The information in this form is being used to seek your consent for a research study. Being in the study is voluntary; it is up to you.
- (2) This research is being done to find out what people know and think about cancer in our community. It will take approximately 15 minutes to complete the survey. Study procedures for this research are just completing the survey.
- (3) There are no foreseeable risks to participating in this study.
- (4) There are no direct benefits to participating in this study.
- (5) If you decide to not be in the research, you can quit the survey at any point.

**You are being asked to be a volunteer in a research study.**

**PURPOSE:** The purpose of this study is to learn what our community knows about cancer and what barriers to care might exist. We will use results from this survey to help us improve education and develop new services.

**PROCEDURES:** If you decide to be in this study, your part will involve completing the survey.

**RISKS / DISCOMFORTS:** There are no foreseeable risks or discomforts associated with your participation in this study.

**BENEFITS:** There is no benefit expected as a result of you being in the study.

**COSTS TO YOU:** There are no costs to you by participating in this study.

**ALTERNATIVES:** Your alternative to being in this study is to simply not participate.

**PAYMENT TO YOU SECTION:** There is no benefit expected as a result of you being in the study.

**CONFIDENTIALITY:** All the information we get about you will not be linked to you at all. We will not ask for your name in the survey or anything else that could link you in any way to the answers you give us for our study. All the study data that we get from you will be kept locked up.

We want to make sure that this study is being done correctly and that your rights and welfare are being protected. For this reason, we will share the data we get from you in this study with the study team, the sponsor of the study (and those who work for them), Stony Brook University's Institutional Review Board, applicable Institutional officials, and certain federal offices, including the Office for Human Research Protections (OHRP), and, where applicable, the Food and Drug Administration (FDA). However, if you tell us you are going to hurt yourself, hurt someone else, or if we believe the safety of a child is at risk, we will have to report this. In a lawsuit, a judge can make us give him/her the information we collected about you.

## **YOUR RIGHTS AS A RESEARCH SUBJECT**

- Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
- You have the right to change your mind and leave the study at any time without giving any reason, and without penalty.

## **QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT**

- If you have any questions, concerns, or complaints about the study, you may contact Dr. Linda Mermelstein, at [COE@stonybrookmedicine.edu](mailto:COE@stonybrookmedicine.edu).
- If you have any questions about your rights as a research subject or if you would like to obtain information or offer input, you may contact the Stony Brook University Research Subject Advocate, Ms. Lu-Ann Kozlowski, BSN, RN, (631) 632-9036, OR by e-mail, [lu-ann.kozlowski@stonybrook.edu](mailto:lu-ann.kozlowski@stonybrook.edu)
- Visit Stony Brook University's Community Outreach page, <http://research.stonybrook.edu/orc/community.shtml#overview-of-volunteering-in-research> for more information about participating in research, frequently asked questions, and an opportunity to provide feedback, comments, or ask questions related to your experience as a research subject.