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INSTITUTIONAL REVIEW BOARD (IRB)

IRB SAMPLE ADDENDUM CONSENT FORM FOR OPTIONAL RECORDING

(Copy this sample which includes instructions and language in boldfaced italics within the brackets [ ]).

You have already agreed to participate in a research study entitled: ***[Insert Study Title]*** conducted by ***[Insert Principal Investigator].*** We are asking for your permission to allow us to ***[include optional procedure such as audio, video, photographic, or digital recording]*** as part of that research study. You do not have to agree to be recorded to participate in the main part of the study.

The recording(s) will be used for ***[include purpose of recording, e.g., analysis by the research team; possible use as a teaching tool to those who are not members of the research staff (i.e., for educational purposes); commercial purposes. If the recordings will be used for commercial purposes, the consent must specifically state whether the subject would be compensated for this use].***

The recording(s) will include ***[indicate whether the participant's name, or any other identifier will be recorded. If recording will be utilized, indicate the extent to which subject's identity would be masked (i.e., Facial features partially blocked out; recording will or will not include full or partial facial pictures)].***

The recording(s) will be stored ***[include measures taken to protect participant's privacy, i.e., stored in a locked file cabinet or electronically on a secure server with no link to subjects' identity; stored in a locked file cabinet or electronically on a secure server with the linked code to subjects' identity; stored in a locked file cabinet or electronically on a secure server and labeled with subjects' name or other identifiable information;] and will be retained [indicate the length of time the recording(s) will be retained, i.e., retained for XX amount of time, destroyed upon completion of the study procedures, or destroyed upon publication of study results, or retained indefinitely]***.

The recording(s) will be accessed by ***[list entities with access to recording, remove reference which do not apply:***
- The investigator, The University of Massachusetts Dartmouth study staff, other professionals who may be evaluating the study, and the Institutional Review Board ('IRB');
- The Office of Human Research Protections ('OHRP');
- As this study is sponsored (money or supplies are being provided), the sponsor of this study, [Sponsor Name], including persons or organizations working with or owned by the sponsor;
- Other government regulatory agencies (including agencies in other countries) [if the sponsor is seeking marketing approval for new products resulting from this research].

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

SIGNATURES:
Participant Printed Name: _____

_____ Date: _____
Participant Signature

_____ Date: _____
Signature of Person Obtaining Consent

_____ Date: _____
Signature of Investigator