Caregiver Participation Form

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| Mandatory and Verbatim:You are the primary caregiver for a person who is not able to participate in research without your assistance. Without your help, research into conditions that lead to mental / intellectual disabilities would in most cases be impossible. While you are not a research subject, you are an important participant in the research process.Caregiver Participation FormI have read the Informed Consent Form which describes the requirements for subject participation in this trial.I am willing to assist Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in participating in this trial by attending the clinic visits with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and providing information about his/her condition and any adverse events or other changes in his / her condition that may occur during this trial.I understand the importance of maintaining the confidentiality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s health information, including information regarding this trial.I will try to inform Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ promptly if I am unable or unwilling to continue to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s participation in this trial.Participant’s name (please print) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ DateParticipant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Investigator’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ DateInvestigator’s signature \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |