|  |
| --- |
| Protocol Title: |
| Principal Investigator: |
| Description of Subject Population: |
| Version Date: |

**Video Use Consent Form**

As part of this research study, we have made a videotape recording of you. With your consent, we would like to be able to use your film for different purposes. You are free to agree to any number of the purposes below from zero to all. Agreeing to the use of your videotape is voluntary and will not affect your participation in the main study.

We will only use the videotape in ways that you agree to. In any use of this videotape, your name will not be identified. If you do not initial any of the spaces below, we will destroy the videotape.

Please indicate below what uses you agree to:

**[Edit list as applicable]**

* The videotape can be studied by the research team for use in the research study.

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be shown to subjects in other research studies

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be used for scientific publications

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be shown at meetings of scientists interested in the study of **[insert area of study]**

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be shown in classrooms to students

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be shown in public presentations to non-scientific groups

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be used on television or radio

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The videotape can be used on **[PI name]** website.

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If at any time in the future, you change your mind about allowing us to your videotape, please notify us by calling the numbers below.

**Study Contact Information**

You can call us with any concerns or questions. Our telephone numbers are listed below:

**PI NAME PI CONTACT**

**STUDY STAFF NAME STUDY STAFF CONTACT**

If you have questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617-358-6115.

**Statement of Consent**

I have read the information in this consent form including risks and possible benefits. I have been given the chance to ask questions. My questions have been answered to my satisfaction, and I agree for my tape to be used as indicated above. I have been given a copy of this form.

**SIGNATURE**

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

 Name of Subject

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

Signature of Subject Date

I have explained the research to the subject and answered all his/her questions. I will give a copy of the signed consent form to the subject.

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

Name of Person Obtaining Consent

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

Signature of Person Obtaining Consent Date