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Harry Ostrer, M.D.

INFORMED CONSENT FORM TO PARTICIPATE AND AUTHORIZATION FOR RESEARCH

TITLE OF RESEARCH:

Genetic Modifiers of Breast and Ovarian Cancer Risk

DESCRIPTION OF THE RESEARCH:

The following information has been explained to you:

- Why the study is being done and what you have to do during the study
- Which parts of the study are research and how long you will be in the study
- Any risks, benefits, or discomforts of the research for you or others
- Other treatments you can have if you don't join the study
- Who may see your study records
- How your study records will be kept private

If you are hurt from being in the study, you will receive medical care and treatment as needed from the New York University School of Medicine. However, you must pay for such medical treatment, directly or through your medical insurance and/or other forms of medical coverage. No money will be given to you.
If you have any questions about the study, side effects or an injury caused by the research you may call Harry Ostrer, M.D. at 212-263-7596.
If you need emergency care you may call 911 or go to the Emergency Department.
If you have any questions about your rights as a research subject you may call the Office of the Institutional Review Board (IRB) at 212-263-4146. The IRB is a committee that oversees research at this Institution.
You will be given a signed copy of this consent form. You will also receive a written summary about the research.
Participation in the study is voluntary. You can change your mind about being in the study at any time without affecting your future care at this institution.
Signing this form means that the research, including the above information, has been described to you orally, and that you voluntarily agree to be in the study.

 Subject's Initials: _____ Date: _____

(IRB Official Use Only)
This Consent Document is approved for use by the New York University's Institutional Review Board (IRB).
Only the IBRA-stamped approved form may be used.

Approved: From: 3/17/2010 To: 3/16/2011
The study expiration date applies for this form
Template rev. date: 06/28/2005
07-333 Consent 3-17-10

_____ I understand that this study is an anonymized study, and I will not receive any individual results from this study.

_____ The principal investigator and all study staff will take all possible precautions to maintain my confidentiality, although this cannot be guaranteed.

_____ By signing this consent form, I am authorizing study staff to access my medical record information specifically related to my cancer diagnosis and/or previous genetic testing for mutations in the BRCA1 or BRCA2 genes.

Subject	*(print name)*	**Date**	
Signature			

Person Obtaining Consent	*(print name)*	**Date**	
Signature			

Witness	*(print name)*	**Date**	
Signature			