University of Chicago Clinical Research
Worksheet for volunteers

Many of these questions are answered in the IRB approved consent form.

What is the purpose of the study?

Why do researchers believe the treatment being tested may be effective?

Why am I being invited to participate in the study?

How long will the study last?

Where will the study take place?

What will be done as part of the study?

What will I have to do during the study?

How might this trial affect my daily life?

How do the possible risks, side effects, and benefits in the study compare with my current treatment or non-investigational options?

Who will see the information that is collected about me?

What happens if I am injured during the study?

What type of follow up is there after the study?

Will I have to pay for any part of the study?

Other:

Principal Investigator: Telephone:

Clinical Research Coordinator: Telephone:

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Institutional Review Board
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