

CONSENT

I, _____, HAVE READ AND UNDERSTOOD THE PRECEDING EXPLANATION, AND I CONSENT TO PARTICIPATE IN THE STUDY AS DESCRIBED ABOVE ON SECTION 2 CAPTIONED " OBJECTIVES". I CONSENT TO THE PROCEDURES DESCRIBED IN SECTION 3 CAPTIONED "PROCEDURES". I UNDERSTAND THAT I AM FREE TO WITHDRAW WITHOUT PENALTY OR LOSS OF BENEFIT FROM THIS INVESTIGATION AT ANY TIME. SHOULD I WISH TO WITHDRAW I HAVE BEEN ASSURED THAT STANDARD THERAPY FOR MY CONDITION WILL REMAIN AVAILABLE TO ME. I HAVE BEEN INFORMED OF THE PROBABLE CONSEQUENCES OF MY WITHDRAWL FROM THE STUDY.

SUBJECT: _____ DATE: _____

INVESTIGATOR: _____ DATE: _____

WITNESS: _____ DATE: _____