**INSTRUCTIONS - DELETE PRIOR TO SUBMITTING:** *This addendum must be provided to and signed by all participants who are involved with face to face in-person research beginning June 1, 2020 until notified otherwise, regardless of location of the research. You must accurately and specifically describe all risks associated with the project due to COVID-19 and all safety precautions being utilized to mitigate those risks as well as safety procedures participants need to follow.* ***This addendum needs to be presented to participants BEFORE they show up to participate in research so that they can have adequate time to decide if they still want to participate and prepare as necessary.***

**University of Colorado**

**Colorado Springs (UCCS)**

**COVID-19 Consent Addendum**

**Title**:

**Principal Investigator**:

**Funding Source**:

## This consent addendum is to inform you of new risks and procedures associated with a study you already agreed to participate in. Please read it carefully. If you have questions or concerns about any of the new procedures or risks, please discuss them with the PI before signing and participating. If you do not wish to continue participation, do not sign this form and your original consent will be considered to be withdrawn. If the research design allows and the project is still ongoing, you may still participate at a later date when you feel it is safe to do so by re-consenting.

## Key Information « Please copy your Key Information section from your original consent form to remind participants what the study's purpose is and what it entails to participate. »

## Risks and Discomforts «Update risks to participants based on the current COVID-19 conditions. Clearly explain the new risk of exposure and advise those in more susceptible categories such as over the age of 60 and immune compromised individuals not to participate. Clearly describe your procedures for mitigating the risk of exposure. Be sure to be detailed here so that participants are well informed to make their decision to continue participation. Also include any new discomforts that may come from precautions you ask participants to take such as wearing masks. »

## New Procedures « Clearly outline any new procedures for participants. Let them know of new requirements like wearing a face covering to participate, symptom pre-screenings, waiting in vehicles, how close they will be to researchers, new time it will take to participate, etc. »

## Benefits « Discuss benefits of the study. First describe any direct benefits to the subject, then any benefits to others. There may not be any benefits for the subjects participating in the study, and if so this needs to be stated clearly. Even if the participant will not profit, there must be a benefit stated such as the greater good for society or knowledge development. »

Voluntary Participation and Withdrawal from the Study

Taking part in this study is voluntary. **You have the right to leave a study at any time without penalty.** Withdrawal will not interfere with your future care or services at UCCS. You may refuse to do any procedures you do not feel comfortable with, or answer any questions that you do not wish to answer. If you withdraw from the study, you may request that your research information not be used by contacting the Principal Investigator listed above and below.

*« Studies involving students should provide information on what alternative activity they could do in lieu of participation. A study that requires testing a novel therapy to improve a particular health aspect of the subject should provide information on an alternative therapy in case the person decides not to participate. The alternative therapy would be a standard therapy, which would have to be specified as well as where the person can obtain the standard therapy. »*

## Contact Information

Contact (PI’s info): *« Your UCCS email address is preferred. »*

* if you have any questions about this study or your part in it,
* if you have questions, concerns or complaints about the research, or
* if you would like information about the survey results when they are prepared.

Contact the Research Compliance Program Director at 719-255-3903 or via email at irb@uccs.edu:

* if you have questions about your rights as a research participant, or
* if you have questions, concerns or complaints about the research.

## Consent

A copy of this consent addendum form will be provided to you.

I understand the above information and voluntarily consent to participate in the research. By signing this consent, I am confirming that I am 18 years of age or older.

Signature of Participant Date