ARROWHEAD REGIONAL MEDICAL CENTER
CALIFORNIA EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

You have been asked to participate as a subject in an experimental procedure. Before you decide whether you want to participate in the experimental procedure, you have a right to:

1) Be informed of the nature and purpose of the experiment;

2) Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized;

3) Be given a description of any discomforts and risks reasonably to be expected from your participation in the experiment;

4) Be given an explanation of any benefits reasonably to be expected from your participation in the experiment;

5) Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to you; and their relative risks and benefits;

6) Be informed of the avenues of medical treatment, if any, available to you after the experimental procedure if complications arise;

7) Be given an opportunity to ask any questions concerning the medical experiment or the procedures involved;

8) Be instructed that consent to participate in the experimental procedure may be withdrawn at any time and that you may discontinue participation in the medical experiment without prejudice;

9) Be given a copy of this form and the signed and dated written consent form; and

10) Be given the opportunity to decide to consent or not to consent to the medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on your decision.

I have carefully read the information contained above and I fully understand my rights as a potential subject in a medical experiment involving people as subjects.

Date: _____ Time: _____ AM/PM

Signature: _____
(patient/parent/conservator/guardian)

Signature: _____
(parent/legal guardian)

If signed by other than patient, indicate relationship: _____

_____ _____
Witness Date and Time

A COPY OF THIS FORM MUST BE GIVEN TO THE PATIENT PRIOR TO THE REMAINING CONSENT PROCESS. THE ORIGINAL MUST BE PLACED IN THE MEDICAL RECORD. THE ORIGINAL MUST BE PLACED IN THE MEDICAL RECORD.