

Experimental Research Subject's Bill of Rights

California law, under Health & Safety Code §24172, requires that any person asked to take part as a subject in research involving a medical experiment, or any person asked to consent to such participation on behalf of another, is entitled to receive the following list of rights written in a language in which the person is fluent. This list includes:

1. I have the right to be informed of the nature and purpose of the experiment.
2. I have the right to be given an explanation of the procedures to be followed in the medical experiment, and any drug or device being utilized.
3. I have the right to be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. I have the right to be given an explanation of any benefits reasonably to be expected from the experiment, if applicable.
5. I have the right to be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous, and their relative risks and benefits.
6. I have the right to be informed of the avenues of medical treatment, if any, available after the experiment if complications should arise.
7. I have the right to be given an opportunity to ask any questions concerning the experiment or the procedures involved.
8. I have the right to be instructed that consent to participate in the medical experiment may be withdrawn at any time and I may discontinue participation in the medical experiment without prejudice.
9. I have the right to be given a copy of the signed and dated written consent form.
10. I have the right to be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.

If you have any questions or concerns regarding these rights or the character of this study, please feel free to discuss them with the person(s) conducting the study or you may contact the research committee Chairman, Los Angeles County Department of Public Health, at (213) 288-8675.

I HAVE READ AND UNDERSTAND MY RIGHTS FOR PARTICIPATION IN THE STUDY.

Signature of Subject/Guardian/Legally Authorized Rep

Date