University of Michigan

Consent To Be Part Of A Research Study

### Name of Study and Researchers

**Title of Project:** National Perspective of Youth: Home-Based STI Testing

**Principal Investigator:** Okeoma Mmeje, MD, MPH

### GENERAL Information

We are doing a study to learn more about understanding the attitudes and barriers toward home-based STI screening and treatment from index patients and their partners. This may inform the development and implementation of innovative healthcare services for youth to curb the rising STI incidence in the United States.

We would like approximately 1,500 youth aged 15-24 to complete a 23-item survey, and we expect it to take about 10 minutes to complete the survey.

Your completion of this survey is voluntary. You do not have to complete the survey if you do not want to. You can skip any questions you do not want to answer, whatever the reason, and you do not have to tell us why. Choosing not to answer our survey will not affect the medical care you might receive at the University of Michigan Health System.

Some of the questions may make you feel uncomfortable. If a question makes you uncomfortable, you can skip it and go to the next question.

We will use protected internet servers to store our study data and your personal information to keep your information confidential. You will be assigned a study identification number and it will be assigned to all of your personal information rather than **use** your name or any other details that someone could use to identify you**.** Although we **wi**ll keep a list of all the people who answered our survey, no one outside our study team will be able to figure out who answered the survey or which people gave which answers. Your survey responses will be completely anonymous. No one, including members of our study team, will know which study participants gave which answers. We plan to publish what we learn from this study, but we will not include any personal information that could reveal who answered the survey.

Completing our survey will not benefit you directly, and we hope what we learn will help other people in the future.

With appropriate permissions, your collected information may also be shared with other researchers, here, around the world, and with companies.

Your identifiable private information may be stripped of identifiers and used for future research studies or distributed to another researcher for future research studies without additional informed consent.

Research can lead to new discoveries, such as new tests, drugs, or devices.Researchers, their organizations, and other entities, including companies, may potentially benefit from the use of the data or discoveries. You will not have rights to these discoveries or any proceeds from them.

To thank you for participating in our study, we will send you a $15 gift card after completing the survey.The University of Michigan accounting department may need your name, address, Social Security number, payment amount, and related information for tax reporting purposes.

The results of this study could be published in an article but would not include any information that would let others know who you are.

As a rule, the researchers will continue to use information about you until the study is over and will keep it secure until it is destroyed. Limited information about you may continue to be used for other research, education, or other activities after the study is over. But the use of this information would not reveal your identity.

As long as your information is kept within the University of Michigan Health System, it is protected by the health System’s privacy policies. For more information see [http://www.uofmhealth.org/patient+and+visitor+guide/hipaa](http://www.uofmhealth.org/patient%2Band%2Bvisitor%2Bguide/hipaa).

Note that once your information has been shared with others, it may no longer be protected by the privacy regulations of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### Contact Information

## To find out more about the study, to ask a question or express a concern about the study, or to talk about any problems you may have as a study subject, you may contact one of the following:

| Principal Investigator: Okeoma Mmeje, MD, MPHMailing Address: 1500 East Medical Center Drive, L4100 Women’s Hospital An Arbor, MI 48109Telephone: 734 763-3429Email: ommeje@umich.edu |
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**You may also express a concern about a study by contacting the Institutional Review Board:**

University of Michigan Medical School Institutional Review Board (IRBMED)

2800 Plymouth Road

Building 520, Room 3214

Ann Arbor, MI 48109-2800
734-763-4768

E-mail: irbmed@umich.edu

If you are concerned about a possible violation of your privacy or concerned about a study, you may contact the University of Michigan Health System Compliance Help Line at 1-866-990-0111.

### SIGNATURES

**Research Subject:**

*I understand the information printed on this form. My questions so far have been answered.*

Signature of Subject: Date:

Name (Print legal name):

Patient ID: Date of Birth:

**Legal Representative (if applicable):**

Signature of Person Legally

Authorized to Give Consent Date:

Name (Print legal name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Check Relationship to Subject:

•Parent •Spouse •Child •Sibling •Legal Guardian •Other:

**[If this consent is for a child who is a ward of the state (for example a foster child), please tell the study team immediately. The researchers may need to contact the IRBMED.]**

Reason subject is unable to sign for self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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