

CONSENT

I have read and understand the information in this informed consent document. I have had an opportunity to ask questions, and all of my questions have been answered to my satisfaction. I voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by signing this consent document. I will receive a copy of this signed consent document.

Printed Name of Subject

Signature of Subject

Date

Printed Name of the Person Conducting the
Consent Discussion

Signature of the Person Conducting the
Consent Discussion

Date