

CONSENT TO PARTICIPATE IN THE RESEARCH STUDY ENTITLED

“IS VEGF A USEFUL SERUM BIOMARKER FOR PATIENTS DIAGNOSED WITH
MENINGIOMA OR GLIOMA?”

Do not sign this form without reading and understanding its contents

I, _____ voluntarily consent to participate in the
(Patient Name)
research study entitled, “Is VEGF a useful serum biomarker for patients diagnosed with
meningioma or glioma?”

By signing this form I confirm that:

1. I have read and understand the protocol outlining the scientific background, objectives, methods, protections and risks of this study.
2. I am voluntarily participating in this study.
3. I understand that my treatment will be exactly the same whether or not I participate in this study.
4. I will not receive payment of any kind to participate in this study.
5. I will not have to pay to participate in this study.
6. I understand that the results of this study are investigational and will not affect my treatment in any way.
7. I understand that the results of the VEGF testing will not appear in my medical record.
8. I understand that if new information regarding the use of VEGF as a biomarker for patients with meningioma or glioma is published, I will be informed.
9. I understand that I can stop participating in this study at any time by sending a written note to the Principal Investigator. And I understand that my treatment will not be changed in any way if I decide to withdraw from the study.
10. I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction by my physician and/or other health care providers in terms that I understand.
11. If I have any questions about my rights as a research subject, or if I have questions, concerns or complaints about the research, I will contact the Patient Representative at Marquette General Hospital, 906-228-9440.

Signature of Person Taking Part in Study
or Participant’s Legal Representative

Date

Signature of Person Obtaining Written Informed
Consent

Date