**UNIVERSITY OF CALIFORNIA, IRVINE**

**RE-CONSENT COVER MEMO**

**THIS RE-CONSENT COVER MEMO MUST BE ATTACHED TO THE MOST RECENT, IRB- APPROVED CONSENT FORM THAT INCLUDES THE CHANGES OR NEW INFORMATION AS SPECIFIED IN THE RE-CONSENT COVER MEMO.**

**THE SUBJECT MUST ALSO REVIEW AND SIGN THE CONSENT FORM.**

***Title of Study—required***

**RESEARCH TEAM**

**Lead Researcher:**

Name and Title

Department

Telephone Number:

24 Hour Telephone number:

*(Required for medical studies and clinical investigations)*

**Other Researchers:**

*(List only those researchers qualified to be*

*involved in the informed consent process)*

**IMPORTANT: BEFORE FINALIZING & PRINTING THIS DOCUMENT REMOVE THIS TEXT & ALL RED AND BLUE INSTRUCTIONAL TEXT**

You are currently participating in the above titled research study. When you consented to participate, you were advised that, should significant new information become available that may relate to your willingness to participate, this information would be provided to you by the research team listed above.

The researchers have learned of new information since you last consented to participate:

* **Include new information to be provided to subjects (i.e., new risks, study procedures, follow up visits, etc.)**

You are being asked to re-consent to participate in this research study. Your continued participation in this study is completely voluntary. Please read the new information provided above and incorporated into the updated version of the consent form. Please ask questions about anything that you do not understand before deciding if you want to continue to participate. A researcher listed above will be available to answer your questions.