VOLUNTEER AGREEMENT

(To be submitted with application requiring full review)

۹.	Description of Study (by	y Responsible Investigator)	
	D. C. C. L. C. L.	C. C. D. H. I. I. I.	
	Participant's Initials	Signature of Responsible Investigator	
			continued on next page

Volunteer Agreement, continued.

I,		having full capacity to consent, do hereby volunteer to partici-		
I.	The implications of my voluntary participation have been explained to me by:			
	agreement, including the n which it is conducted; the in	ature, duration, and purpose of the study; the methods by conveniences and risks which may reasonably be expected; and treatments beneficial to me.		
II.				
III.				
IV.	V. I understand that I may at any time during the course of this study revoke my consent and withdraw from the study without prejudice.			
Sign	Signed			
		Volunteer		
WIT	-	ng the oral explanation and question period referred to in ve and have witnessed the above signature.		
Signature of Witness		Date:		
	* *	the Excelsior University Institutional Review Board of the rights of research participants.		
ou hav	re any complaints as a participa	t in this study, please contact:		
	al Review Board			
	<u>elsior.edu</u> University, 7 Columbia Circle, A	N		