

UNIVERSITY OF WASHINGTON  
INFORMATION STATEMENT  
**PARTICIPANT POOL**

**Researchers:**

Name	Dept	Phone	Email*
Mark Jensen, PhD, Principal Investigator	Rehab Medicine	206-543-3185	<a href="mailto:mjensen@uw.edu">mjensen@uw.edu</a>
Kevin Gertz, MPA, Project Manager	Rehab Medicine	206-616-8630	<a href="mailto:kjgertz@uw.edu">kjgertz@uw.edu</a>
Ian Nelson, Research Study Coordinator	Rehab Medicine	206-221-8177	<a href="mailto:ianknels@uw.edu">ianknels@uw.edu</a>

**Main Contacts:** The Participant Pool works with several groups of researchers in Rehab Medicine. If you have any questions, please contact the selected group.

	Group	Phone	Toll-Free	Email*
<input type="checkbox"/>	UW CORR	206-221-2414	1-800-504-0564	<a href="mailto:respool@uw.edu">respool@uw.edu</a>
<input type="checkbox"/>	Harborview (HMC)	206-616-8630	NA	<a href="mailto:respool@uw.edu">respool@uw.edu</a>
<input type="checkbox"/>	Ageing RRTC	206-221-8177	1-866-928-2114	<a href="mailto:respool@uw.edu">respool@uw.edu</a>

**Researchers' Statement**

We are asking you to be in a participant pool. The purpose of this form is to help you decide if you want to be in the Participant Pool or not. Please read the form carefully. You may ask questions about the possible risks and benefits of joining the Participant Pool, your rights as a volunteer, and anything else about the Participant Pool or this form that is not clear. When we have answered all your questions, you can decide if you want to join the Participant Pool or not. This process is called 'informed consent.' You may keep this copy of the form for your records.

**PURPOSE OF THE PARTICIPANT POOL**

The Participant Pool is a list of people who are interested in learning about new research studies in Rehab Medicine. If you choose to join the Participant Pool, you will receive invites from Rehab Medicine researchers looking for volunteers for studies. These invites will come by mail or email\* and may include a follow-up phone call.

When you are contacted to find out if you are interested in participating in these studies, you will have the opportunity to say yes or no to participating in each study you are contacted about. You can choose not to participate in any future studies.

**PARTICIPANT POOL PROCEDURES**

There is one Participant Pool form that collects contact info as well as personal info, such as date of birth, gender, and diagnosis information specific to your condition. Should you decide you wish to be removed from the Participant Pool, please contact us at the number highlighted in the Main Contacts section above.

### **RISKS, STRESS OR DISCOMFORT**

There is risk that your name and personal information could be discovered by someone outside our research team. However, we will make every effort to store our electronic and paper information securely and limit access to our research team.

### **BENEFITS OF THE STUDY**

The participant pool will give you more opportunities to participate in research in Rehab Medicine.

### **SOURCE OF FUNDING**

The study team is receiving financial support from the National Institute on Disability and Rehabilitation Research (NIDRR).

### **CONFIDENTIALITY OF RESEARCH INFORMATION**

Your name, contact information, and basic information will be kept indefinitely. We will not sell your contact information. All data will be kept on a secure server at the University of Washington. All hard copy data will be kept in locked file cabinets at the University of Washington or Harborview Medical Center. We will not inform your physician or other health care providers that you are participating in this participant pool. No data or consent forms will be taken from or added to your medical record.

Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

We have a Certificate of Confidentiality from the federal National Institutes of Health. This helps us protect your privacy. The Certificate means that we do not have to give out identifying information about you even if we are asked to by a court of law. We will use the Certificate to resist any demands for identifying information. We can't use the Certificate to withhold your research information if you give your written consent to give it to an insurer, employer, or other person. Also, you or a member of your family can share information about yourself or your part in this research if you wish.

There are some limits to this protection. We will voluntarily provide the information to:

- a member of the federal government who needs it in order to audit or evaluate the research;
- individuals at the University of Washington, the funding agency, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- the federal Food and Drug Administration (FDA), if required by the FDA;
- someone who is accused of a crime, if he or she believes that our research records could be used for defense;
- Legal authorities, if we learn of child abuse, elder abuse, or the intent to harm yourself or others.

### **OTHER INFORMATION**

You may refuse to participate and are free to withdraw from the Participant Pool at any time without penalty or loss of benefits to which you are otherwise entitled.

\*Please note that we cannot guarantee the confidentiality of email communications.