ADDENDUM TO THE INFORMED CONSENT DOCUMENT

Protocol: IRB-AAA_____

IRB Protocol Title: [title]

Date: [date]

Dear Study Participant:

The purpose of this letter is to notify you of a change or addition to the original consent form that you read and signed at the beginning of this study.

New Information:

- Your participation in this research study will be documented in your electronic medical record in Epic and can be viewed by authorized personnel from Columbia University Irving Medical Center, Weill Cornell Medical Center and NYP affiliate institutions who are involved in your health care.

All other information contained in the original consent form remains unchanged.

Your participation continues to be voluntary. You may withdraw your consent to participate at any time, and for any reason, without affecting your future care at this institution or your relationship with your study doctor (Principal Investigator).

You can talk to the Principal Investigator, [PI name], about any questions or concerns you have about this study.

Contact information: [contact information].

If you have questions about your rights as a research subject while taking part in this study, you should contact:

Institutional Review Board
Columbia University Medical Center
154 Haven Avenue, first floor
New York, NY 10032
Telephone: (212) 305-5883
Email: irboffice@columbia.edu

An Institutional Review Board is a committee organized to protect the rights and welfare of human subjects in research.

Thank you.

[PI name]

This form has been approved by the Columbia University Human Research Protection Office. January 15, 2020