**ADDENDUM TO THE INFORMED CONSENT DOCUMENT**

Protocol: IRB-AAA[#]

IRB Protocol Title: [title]

Date: [date]

Dear Study Participant:

You are receiving this communication because you are a participant in the research study listed above.

The purpose of this letter is to notify you of a change to the information in the consent form that you read and signed.

**The following is new information to be added to your consent form:**

Columbia University Irving Medical Center has recently implemented a new electronic medical record (EMR) system, which will be shared with Weill Cornell Medical Center and New-York Presbyterian Hospital and its affiliated institutions.

Your participation in this research study will be documented in our new EMR system. Medical records in this system can be viewed by authorized personnel from these institutions. Study monitors and others who provide oversight of the study may also need to access this record.

All other information contained in the consent form remains unchanged.

Your participation in this study continues to be voluntary. You may withdraw your consent to participate at any time, and for any reason, without affecting your future care at any of the above institutions or your relationship with your study doctor.

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 Irving 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. February 10, 2020*