**Instructions: Include the following language in your informed consent form(s) and submit the form(s) to CPHS/OPHS for review and clearance before applying to Advarra’s IRB. For additional guidance, refer to CPHS/OPHS** [**informed consent templates**](https://cphs.berkeley.edu/informedconsent.html)**. Instructions have been italicized; please do not include instructional text in consent forms.**

*Include the following in the list of those with access to subject data within the confidentiality section of the form:*

* University of California

***If collecting biospecimens, include the"Moore Clause:"*** *In keeping with University of California policy, subjects must be informed that while there may be future commercial use of their biospecimens/samples or genetic data, subjects will not receive any profits if this occurs. Current recommended language to convey this information, also known as the “Moore Clause,” is (include this language in the Confidentiality section of the form)*:

Biospecimens (such as blood, tissue, or saliva) collected from you for this study and/or information obtained from your biospecimens may be used in this research or other research, and shared with other organizations. You will not share in any commercial value or profit derived from the use of your biospecimens and/or information obtained from them.

*Include the following language under Compensation/Costs:*

**Treatment and compensation for injury**

It is important that you promptly tell the Principal Investigator if you believe that you have been injured because of taking part in this study. You can tell the Principal Investigator in person or call him/her at the telephone number listed on the first page of this form.

If you are injured as a result of taking part in this study, University of California will provide necessary medical treatment. The costs of the treatment may be billed to your insurer just like other medical costs, or covered by the University of California or the study sponsor *[sponsor name]*, depending upon a number of factors. The University and the study sponsor do not normally provide any other form of compensation for injury. For more information, call OPHS at (510) 642-7461.

*At the end of the form, add the following language:*

**CONSENT**

You will be given a copy of this consent form and of the [Medical Research Subject's Bill of Rights](http://cphs.berkeley.edu/medical.html) to keep.