

Principal Investigator:	Lajos Pusztai, MD	HIC #	1311013056
Funding Source:	Seattle Genetics, Inc.	Sponsor Protocol	SGNLVA-001
Subject Name:		Sponsor Consent Tmplt Date:	Version 2 (17-Jul-2014)
Unit Number:			

Authorization and Permission

I have read (or someone has read to me) this form and have decided to participate in the project as described above. Its general purposes, the particulars of my involvement and possible hazards and inconveniences have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form.

By signing this form, I give permission to the researchers to use and give out information about me for the purposes described in this form. By refusing to give permission, I understand that I will not be able to participate in this research.

Study Participant (print name)	Signature	Date
Person obtaining consent (print name)	Signature	Date
Interpreter/ Witness (print name) <i>– only if applicable, otherwise blank</i>	Signature	Date

If after you have signed this form you have any questions about your privacy rights, please contact the Yale Privacy Officer at 203-432-5919.

If you have further questions about this project or if you have a research-related problem, you may contact the study doctor, Dr. Lajos Pusztai at 203-737-8309. If you would like to talk with someone other than the researchers to discuss problems, concerns, and questions you may have concerning this research, or to discuss your rights as a research subject, you may contact the Yale Human Investigation Committee at 203-785-4688.