

Study Title: Social Interventions for Support During Treatment for Endometrial Cancer and Recurrence -- The SISTER Study

Version number, Date: 1.2, 05/06/2021

Part 2 of 2: STUDY SITE INFORMATION

Site Name:	University of Arkansas for Medical Sciences
Site Principal Investigator:	Heather Williams, MD
Site Principal Investigator Contact:	501-686-8522
Contact for questions about rights as a research participant:	University of Arkansas for Medical Sciences Institutional Review Board 501-686-5667

This is part 2 of the SISTER study consent form. It includes information that is specific to the site where you are getting your cancer care. We will review both forms with you, before you sign up for the study. Your medical record will contain a note saying you are in a research study and may contain some research information about you. Anyone you allow to receive your medical record will also get this information.

Similar to part 1 that you just reviewed, part 2 answers common questions about the SISTER study. If you still have questions about the study after reviewing, let us know!

Who can I call if I have questions about study activities or I am injured or harmed by study activities?

- Please call the head researcher of the study – Dr. Heather Williams at (501) 686-8522– if you
 - ✓ have any questions about this study
 - ✓ feel you have been injured in any way by being in this study
- You can also call the office at UAMS that supervises research if you cannot reach the study team, have questions about your rights as a research participant, or want to speak to someone not directly involved with this study. To do so, call the UAMS Institutional Review Board at 501-686-5667 during normal work hours.

In the event you are hurt by being in this research, treatment will be available. This treatment may include:

- First aid
- Emergency treatment and/or
- Follow-up care

This treatment may be billed to you, or your insurance company, in the normal manner. Normally, no other form of compensation is available.

You do not lose any of your legal rights by signing this consent form.

What other information do I need to know about joining the SISTER study from UAMS?



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State law requires that we tell the authorities if we learn about possible abuse or that you might hurt yourself or someone else.

In Arkansas, doctors are required to report to the Department of Health if they find a communicable disease like hepatitis. In this case, doctors will include your name and contact information. You will be given information about counseling options.

If you decide not to take part in this research study, it will not affect your treatment, payment or enrollment in any health plans or affect your ability to get benefits. You will get a copy of this form.

STATEMENT BY PERSON AGREEING TO BE IN THIS STUDY

I have read this consent form and the research study has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to take part in this study.

Date

Signature of participant

Printed name of participant

Date

Signature of person obtaining consent

Printed name of person obtaining consent

