

STATEMENT OF ACKNOWLEDGEMENT

In connection with my assignment at the United States Army Medical Research Institute of Infectious Diseases (USAMRIID), Fort Detrick, Maryland. I hereby acknowledge that:

- a. My assignment is for the Medical Research Volunteer Subject Program.
- b. By volunteering for the Medical Research Volunteer Subject Program, I understand that I shall be expected to take part in studies which are aimed at developing medical preventive measures against infectious disease producing organisms, and that I shall be expected to participate as a volunteer subject in such studies.
- c. I understand that my participation as a volunteer subject may mean that I will be requested to receive inoculations of new, experimental vaccines, and participate in other similar studies.
- d. I further understand that by volunteering for the Medical Research Volunteer Subject Program, I am not agreeing in advance to participate in <sup>my</sup> research study until I have received a full and comprehensive briefing as to the purpose and nature of the study, the risk involved, and exactly what will be expected of me. After such briefing, I will not be asked to sign a consent form to participate in any particular study unless and until I have freely and voluntarily agreed to do so and have so consented in writing.
- e. I also understand that, when not actually participating as a volunteer under a particular study, I shall be required to perform noncombatant type duties commensurate with my training, background, and the needs of the unit to which I am assigned.
- f. If the Commander, U.S. Army Medical Research and Development Command determines that I am no longer qualified for continuation as a Medical Research Volunteer Subject, I understand that I will be reassigned for duty within my military occupational specialty, will remain at the U.S. Army Medical Research Institute of Infectious Diseases for my guaranteed period of stabilization, and will be required to complete my term of service obligation.

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(Signature/SSAN/Date)