

Institutional Review Board [IRB]

Informed Consent Form for Participation in Research Study

Project Title: [insert]

Principal Investigator or faculty sponsor of student research: [only principal investigators or faculty sponsors of student research whose names appear in the application as such may be listed here. Insert name and contact information; address, phone number and email].

Purpose: You are invited to participate in a research study on [insert general statement about study in non-technical language]. The purpose of this study is to [explain research question and purpose in non-technical language].

Procedures: If you decide to participate, you will be asked to do the following things: [describe the procedures step by step. Examples could include answering questions, surveying or testing, video/audio recording. Describe the use that will be made of the material, e.g., shown at scientific meetings]. Your participation will take approximately [insert the amount of time].

Risks: The risks associated with this study are [describe foreseeable risks or discomfort to subjects; if none, state as such].

Benefits: The benefits that may reasonably be expected to result from participation are [explain. If there are no direct benefits, state 'There are no direct benefits to you for participating in this study'].

Payments: You will receive [describe reimbursement] as payment for your participation. [Delete this section if not applicable].

Your Rights: Your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions. [If applicable: If you agree, your identity will be made known in written data resulting from the study. Otherwise,] Your individual privacy will be maintained in all published and written data resulting from the study. If you have questions or concerns about this study and would like to consult someone other than the researcher(s), you may contact the Office

Statement of Consent

My signature indicates that I have read the above information and that my questions have been answered. I understand that even after signing this form I may withdraw from the study at any time. I consent to participate in the study.

Signature

Date

Printed name: _____

Signature of Parent, Legal Guardian [if applicable]

Date

Printed name: _____

The extra copy of this form should be retained by the participant.

Protocol Approval Date: _____

Protocol Expiration Date: _____