

**INFORMED CONSENT TO PARTICIPATE IN RESEARCH**

Investigator: [PI name, work address, email, and phone if relevant]

Title of Study:

Purpose of Study: You are being asked to participate in a research study designed to [brief statement describing the study]

Procedures: You will be asked to [briefly describe what the participants will have to do as part of the research]

Benefits: Include possible benefits to participants [if none, state so]

Risks: State possible risks [if none, state “None greater than those of daily life.”]

Costs/incentives: List incentives, and/or costs beyond daily life [if none, state so]

Confidentiality [Describe any mention of identifying information in the data, the use of codes or pseudonyms, whether or not they are linked to identifying information. Describe storage and security procedure for physical and electronic data.]

Use of information: [List reports, presentations, school assignments, publications, etc that will use the project data. Mention whether or not identifying information will be included in these documents.]

Voluntary The participants may withdraw from the study at any time, or decline to

participation participate, without any penalty.

Signature: The investigator has discussed the project with me and answered all my questions. I understand that additional questions regarding the study, participant rights, or other concerns, should be directed to [name and email of faculty advisor for student PIs; name and email of IRB Chair for faculty and staff PIs]. I agree with the terms above and acknowledge that I have been given a copy of the consent form. By signing this consent form, I agree to participate in this research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reader/Translator Date