1c-SLUlogo-Word.wmf

**INFORMED CONSENT TO PARTICIPATE IN RESEARCH - Photo and video**

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

Title of Study:

Purpose of Study: Your 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; be specific about the use of photos and/or videos recordings]

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 Participants may be recognized in the photos and/or videos.

[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. Mention whether or not the photos and/or videos will be included in the reporting in such a way that the participant may be identified.]

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 authorize the investigator to use video/photo sequences of me recorded for this research project as described in this informed consent form.

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Signature of the Participant Date

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Signature of Investigator Date

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Signature of Reader/Translator Date