Informed Consent for Participation in Research Activities

Insert Title of Research

Participant ________________________________________________   HSC Approval Number ___________________

Principal Investigator ________________________________________   PI’s Phone Number ____________

IMPORTANT: All words appearing in red on this form should be REPLACED with information in black OR deleted altogether.

1. You are invited to participate in a research study conducted by (Project Director's Name goes here)/ and (Faculty Advisor's Name goes here whenever the Project Director is a student). The purpose of this research is

2. a) Your participation will involve

- Describe the procedures chronologically using simple language, short sentences and short paragraphs. The use of subheadings helps to organize this section and increases readability. Medical and scientific terms should be defined and explained. Identify any procedures that are experimental.

- Specify the subject's assignment to study groups, frequency of procedures, location of the procedures to be done, etc.

- If there are calendars, flowcharts, tables or pictures, that would help explain the procedures, note what they are and attach them.

Approximately [insert number of subjects] may be involved in this research at the University of Missouri-St. Louis. [If this is a multi-center project, explain the total number of subjects anticipated and the projected number of research sites.]

b) The amount of time involved in your participation will be length of time for participation in each procedure, the total length of time for participation (and you will receive … for your time). (Include the part in parentheses if there is ANY type of remuneration, AND you must provide actual AMOUNT)

3. There are no known risks associated with this research (other than the potential for mild boredom or fatigue). OR There are certain risks or discomforts associated with this research. They include (e.g., mild headache)

4. There are no direct benefits for you participating in this study OR The possible benefits to you from this research are (Use the second option ONLY IF there are tangible direct benefits, such as feedback re: personality characteristics)

5. Your participation is voluntary and you may choose not to participate in this research study or withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or withdraw. Alternatives for earning course credit are available from your course instructor. (Include last statement if course credit is given.)

6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. In rare instances, a researcher's study must undergo an audit or program

Short Title of Research   Page _ of _
evaluation by an oversight agency (such as the Office for Human Research Protection) that would lead to disclosure of your data as well as any other information collected by the researcher.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, (insert name and phone number) or the Faculty Advisor, (insert name and phone number). You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research, at 516-XXXX.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I hereby consent to my participation in the research described above.

Participant’s Signature

Date

Signature of Investigator or Designee

Date