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. Don’t forget to change the material above in the address. If something below is not relevant, omit it.

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 fill in purpose in layperson’s terms.

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.

Approximately [insert number of subjects] may be involved in this research. [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 (Include this next part if there is ANY type of remuneration, AND you must provide actual AMOUNT) and you will receive … for your time.

3. There are no anticipated risks associated with this research. OR There may be certain risks or discomforts associated with this research. They include (e.g., uncomfortable feelings that might come from answering certain questions)

4. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about X and may help society OR The possible benefits to you from participating in 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 to withdraw your consent at any time. If you want to withdraw from the study, you can contact me at: [include contact information here]. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw. *Include the next statement if course credit is given.* Alternatives for earning course credit are available from your course instructor.

6. By agreeing to participate, you understand and agree that your data may be shared with other researchers and educators in the form of presentations and/or publications. In all cases, your identity will not be revealed. In rare instances, a researcher’s study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection). That agency would be required to maintain the confidentiality of your data. In addition, all data will be stored on a password-protected computer and/or in a locked office.

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 Administration, at 516-5897.

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 consent to my participation in the research described above.

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<th>Participant's Signature</th>
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<th>Signature of Investigator or Designee</th>
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