

Sample Consent Form

[Insert Title of Study and "Consent Form"]

You are invited to be in a research study of [insert general statement about study]. You were selected as a possible participant because [explain how subject was identified]. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: [indicate College affiliation, e.g., "This study is being conducted by me as part of an independent study at Blackburn College."]

Background Information:

The purpose of this study is: [explain research questions and purpose in lay language.]

Procedures:

If you agree to be in this study, we would ask you to do the following things. [Explain tasks and procedures; subjects should be told about assignment to study groups, length of time for participation, frequency of procedures, etc.]

Risks and Benefits of Being in the Study:

The study has several risks: First, _____; Second, _____. [Risk must be explained, including the likelihood of the risk.]

[If there are significant physical or psychological risks to participation, the subject should be told under what conditions the researcher would terminate the study.]

The direct benefits to participation are: _____. [If no direct benefit (money, credit, etc.), state that fact here.]

You will receive payment: _____. [Include payment or reimbursement information here. If subjects receive class points or some other token, also include that information here. Explain when disbursement will occur and conditions of payment.]

Indirect benefits to participation are _____. [Explain how subjects might benefit--e.g. Improved programs or policies; contribution to knowledge, etc.]

[If there is a physically invasive procedure exercise component to this research, or a sensitive personal issue where there is even a slight risk of injury, the following statement must be included in the consent form].

In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment, counseling, and follow-up care as needed. However, payment for any such treatment must be provided by you, or your third party payer, if any, (such as health insurance, Medicare, etc.).

[Omit this section if there are no physical or psychological risks involved in a particular study objective.]

Confidentiality:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records.

[If tape recordings or videotapes are made, explain who will have access, if they will be used for educational purposes, and when they will be erased.]

[If anyone besides the researcher will have access to the raw data, these persons must be identified.]

Indicate one of the following:

- a. Raw data will be destroyed by (date).
- b. Raw data will be retained but all identifying information removed by (date).

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with the College [or with other cooperating institutions--insert names]. If you decide to participate, you are free to withdraw at any time without affecting those relationships. [Explain here if monetary benefits will be adjusted due to early withdrawal.]

Contacts and Questions:

The researcher(s) conducting this study are _____ and _____. You may ask any questions you have now. If you have questions later, you may contact them at _____.

Phone: (Area Code) _____.

[If the researcher is a student, include advisor's name and telephone number.]

You will be given a copy of the form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature _____ Date _____

[Signature of parent or guardian _____ Date _____]

[Signature of witness for oral consent of a minor _____ Date _____]

Signature of investigator _____ Date _____

[If audio taping or videotaping is used, add:]

I consent to be audio taped (or videotaped):

Signature _____ Date _____

[For surveys that are to be anonymous, these signatures of subjects are not required.]