SIMPSON
UNIVERSITY

Simpson University Institutional Review Board
Informed Consent Template

PROJECT TITLE:	
PRINCIPAL INVESTIGATOR: [NAME AND DEPARTMENT]	
RESEARCHERS: [IF APPLICABLE, LIST ALL INDIVIDUALS BY NAME WHO WILL OBTAIN INFORMED CONSENT FROM PARTICIPANTS] THIS IS A TEMPLATE. YOU MUST SUBMIT YOUR OWN DOC. YOU MAY USE THE LAST 4 PGS OF THIS DOCUMENT. DELETE THE FIRST 4 PGS PRIOR TO SUBMITTING.	

RESEARCHERS' STATEMENT

You are invited to participate in a research study conducted at Simpson University. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE STUDY

[Provide a brief background and describe the purpose of the activity in lay-language.]

STUDY PROCEDURES

If you decide to participate in the study, [Describe the procedures involved, including the amount of time involved, and location. Describe questionnaires, surveys, and interviews and describe or provide examples of the most personal and sensitive questions you will ask. State that participants may refuse to answer any question or item in any test, inventory, questionnaire, or interview. If activities are to be audio- or videotaped, state this.]

RISKS, STRESS, OR DISCOMFORT

[Include information on the psycho-social and physical risks, including side effects, stress, discomforts, breach of confidentiality, or the invasion of privacy that might result from each procedure. Example: "There are no known major risks to your participation in this research study. It may be inconvenient for you to fill out a long questionnaire. Some of the questions on the survey may cause mild emotional discomfort."]

[If appropriate, state how side effects will be handled and whom the subject should contact in the event of study-related injury, illness, or distress.]

[If you will make recordings of subjects, and you will keep the recordings indefinitely, share them with other researchers, or use them in presentations or publications, explain that subjects will be given an opportunity to review the recordings and delete any portions. In addition, describe the measures taken to secure the recordings]

BENEFITS OF THE STUDY

The potential personal benefits that may occur as a result of your participation in this study are [describe the potential benefits to the participant]. The researchers anticipate that society may benefit from this study by [describe the possible benefits to society].

OR

There [may be/ will be – select the appropriate phrase] no personal benefit from participating in this study other the information provided to you about (the topic area) and the experience of participating in research. However, the researchers anticipate that, in the future, society may benefit from this study by [describe the possible benefits to society].

COMPENSATION

[This section may be eliminated if it does not apply.]

You [will/will not] be compensated for participating in this research project. [Clearly describe the monetary (total amount, average total amount, amount per visit, amount per hour, etc.) or non-monetary compensation.]

ANONYMITY

[Only if applicable] Records of information that you provide for the research study and your personally identifying information (name or other characteristics) will not be linked in any way. It will not be possible to identify you as the person who provided any specific information for the study.

CONFIDENTIALITY

[Only if applicable] Records of your participation in this study will be held confidential as far as is permitted by law. [If information will be released to any other group or agency, for any reason, state the name of the agency, the nature of the information, and the purpose of the disclosure.] Individual participants' data will be kept separate from identifying information and [state how confidentiality will be preserved, e.g., will be linked only by a code that will be kept in locked storage to which only the researcher(s) will have access. If the data will be retained with links to identifiers, state the date when the link will be broken.] The records from this study will be available for review by members of the Institutional Review Board at Simpson University (a committee that reviews and approves research studies). It is possible that these records could contain information that personally identifies you. In the event of any report or publication from this study, your identity will not be disclosed. Results will be reported in a summarized manner in such a way that you cannot be identified. [Describe any limits to confidentiality (for example if study procedures may elicit information about child abuse, elder abuse, or harm to self or others). You might state, "All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, we must report that to the authorities."]

VOLUNTARY PARTICIPATION

Taking part in this research study is voluntary. You may refuse to participate and you are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. [For studies involving survey, questionnaire, or interviews, include a statement that the participant is free to skip any questions that s/he would prefer not to answer.]

You are encouraged to ask any questions, at any time, that will help you to understand how this study will be performed and/or how it will affect you. You may contact the principal investigator [state your name and contact telephone number (faculty only) or e-mail address] or the investigator's faculty advisor [state professor's name and a contact telephone number or e-mail address.]

SUBJECT'S STATEMENT

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty. You will receive a copy of this form.

Participant's name (printed): _____

_____ _____

Signature of participant Date

RESEARCHER'S STATEMENT

I have discussed the above points with the participant or, where appropriate, with the participant's legally authorized representative, using a translator when necessary. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this research study.

_____ _____

Signature of researcher Date

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