### Instructions are in red; bolded items must be included.

### *Before submission to the IRB*: Remove instructions and any bold emphasis.

* Consider using large font if you anticipate recruiting participants with visual impairments, e.g., older populations, or for eye studies

**DESCRIPTION:** You are invited to participate in **a research study** on (*describe project in non-technical language; include types of questions that will be asked, if applicable; explain* ***purpose*** *of the research).* You will be asked to *(describe* ***procedures****; mention video/audio taping, if applicable, and what will become of tapes after use, e.g., shown at scientific meetings; describe the final disposition of the tapes).*

**TIME INVOLVEMENT:** Your participation will take approximately *(insert* ***duration****).*

**RISKS AND BENEFITS:** The risks associated with this study are *(describe* ***foreseeable risks*** *to participants; if none, state as such).*The benefits which may reasonably be expected to result from this study are *(describe any* ***benefits****; if none, state as such).* **We cannot and do not guarantee or promise that you will receive any benefits from this study.**  *(If applicable)* Your decision whether or not to participate in this study will not affect your *(choose as appropriate): employment; medical care; grades in school.*

**PAYMENTS:** You will receive *(describe reimbursement; where there is none, state as such)* as payment for your participation.

**PARTICIPANT’S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled**. **The alternative is not to participate.** You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your individual privacy will be maintained in all published and written data resulting from the study.

*(If identities will be disclosed, provide details*: With your permission, your identity will be made known in written materials resulting from the study.)

\*If this research study collects identifiable private information, include one of the two following statements:

Identifiers might be removed from identifiable private information and, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you.

OR

Your private information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

**CONTACT INFORMATION:**

***Questions:*** If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director,*(name and phone number of Protocol Director).*

***Independent Contact:***  If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480 or toll free at 1-866-680-2906, or email at IRB2-Manager@lists.stanford.edu. You can also write to the Stanford IRB, Stanford University, 3000 El Camino Real, Five Palo Alto Square, 4th Floor, Palo Alto, CA 94306.

*(If applicable)* ***Appointment Contact:***  If you need to change your appointment, please contact (*name*) at (*phone number*).

Indicate ***Yes*** or ***No***:

*(If applicable)* I give consent to be audiotaped during this study.

\_\_\_Yes \_\_\_No

*(If applicable)* I give consent to be videotaped during this study:

\_\_\_Yes \_\_\_No

*(If applicable)* I give consent for tapes resulting from this study to be used for *(describe proposed use of tapes)*:

\_\_\_Yes \_\_\_No

*(If applicable)* I give consent for my identity to be revealed in written materials resulting from this study:

\_\_\_Yes \_\_\_No

**The extra copy of this signed and dated consent form is for you to keep.**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_**

**Print name of participant** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**