**University of Wisconsin – Milwaukee**

**Consent to Participate in Research**

**Study Title:** Just One More

**Person Responsible for Research:**  [Adam, Harminder, Shawn](PI, may also include SPI, and/or study staff)

**Study Description:** The purpose of this research study is to [test out the added benefits of an intelligent user interface implemented on a simplified version of QuickBooks that allows a user to manage organizations, donations, and generate valuable reports] … (add study specific information). Approximately [5-10] (number of subjects) subjects will participate in this study. If you agree to participate, you will be asked to (list study specific activities. If it is a survey/interview/focus group please describe the topics that will be covered). This will take approximately [10-15 minutes] (length of time) of your time.

**Risks / Benefits:** Risks that you may experience from participating are [considered minimal] (list specific risks; if none state “considered minimal”).  There will be [no costs for participation] (list costs to participant; If no costs say “There are no costs for participating.”) costs for participating. Benefits of participating include [There are no benefits to you other than to further research]… (describe benefits, if none state “There are no benefits to you other than to further research.”).

(If incentives are offered describe here. If payments are issued to the participants (and Level 3 Confidentiality is NOT requested), please include the following statement: “Due to UWM policy and IRS regulations, we may be required to obtain your name, address, social security number (or tax ID number), and signature, in order to issue the payment to you.”

**Confidentiality:** Identifying information such as (List identifying information here –ex. “your name, email, student ID number, etc..”) will be collected for research purposes (describe what they are- ie., linking data collection time points, distribution of extra credit, etc…). Your responses will be treated as confidential and all reasonable efforts will be made so that no individual participant will be identified with his/her answers. The research team will remove your identifying information (Describe when: after linking the data, after transcription, after analyzing the data, etc…) and all study results will be reported without identifying information so that no one viewing the results will ever be able to match you with your responses. Data from this study will be saved on (Describe security measures ie., networked/non-networked, password-protected/encrypted, etc..) computer in a locked room [list which building and room on UWM campus] for (length of time data will be retained). Only (PI, study staff, etc. – list who will have access to the data) will have access to your information. However, (insert the sponsor’s name here if applicable, otherwise delete), the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study’s records.

**Voluntary Participation:** Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee. The alternatives to participating in this study include (list alternatives, including alternative options to earn extra credit if extra credit is being offered as an incentive - if none state “There are no known alternatives available to participating in this research study other than not taking part.” If the sentence is not appropriate for the study, it may be deleted.)

**Who do I contact for questions about the study:** For more information about the study or study procedures, contact (name) at (email and/or phone number).

**Who do I contact for questions about my rights or complaints towards my treatment as a research subject?** Contact the UWM IRB at 414-229-3173 or [irbinfo@uwm.edu](mailto:irbinfo@uwm.edu).

**Research Subject’s Consent to Participate in Research:**

To voluntarily agree to take part in this study, you must be 18 years of age or older. By signing the consent form, you are giving your consent to voluntarily participate in this research project.

Printed Name of Subject/Legally Authorized Representative

Signature of Subject/Legally Authorized Representative Date