Aurora University

Institutional Review Board

SAMPLE INFORMED CONSENT FORM

(Include the following information)

# INFORMED CONSENT STATEMENT

[List title of project here]

## INTRODUCTION

State that participants are invited to participate in a research study. Briefly describe the study and state the purpose/objectives of the study.

## INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

List all procedures, preferably in chronological order, that will be employed in the study. Point out any procedures that are considered experimental. Clearly explain technical and medical terminology using non-technical language. Explain all procedures using language that is appropriate for the expected reading level of your participants.

State the amount of time required of participants per session and for the total duration of study.

If audio-taping, video-taping, or film procedures are going to be used, provide information about the use of these procedures.

If you are planning to include children in your study, please review the document entitled Special Considerations for the Protection of Children Participating in AU-Sponsored Research.

## RISKS

List all reasonably foreseeable risks, if any, of each of the procedures to be used in the study, and any measures that will be used to minimize the risks. All research consists of minimal risks as it interferes with daily living and these must be described here.

\_\_\_\_\_\_\_\_\_Participant’s initials (place on the bottom front page if you have a two-sided consent form.

## BENEFITS

List the benefits you anticipate will be achieved from this research, either to the participants, others, or the body of knowledge.

## CONFIDENTIALITY

State that the information in the study records will be kept confidential and how they will be kept this way (at least two locks/password should be described). Data will be stored securely (for 3 years) and will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. No reference will be made in oral or written reports that could link participants to the study.

## CONTACT INFORMATION

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, [Name], at [Office Address or email], and [Phone Number]. If you have questions about your rights as a participant, contact Chair, Autumn McKeel, Institutional Review Board, Aurora University, amckeel@aurora.edu, (630) 947-8922. If for any reason I feel the need for counseling, I may contact Cathi Hendricks Counseling Center at Aurora University at [(630)-844-5406](callto:%28630%29-844-5406) or by email at [chendric@aurora.edu](mailto:chendric@aurora.edu) (if applicable).

## PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, you may withdraw from the study at anytime without penalty. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

## CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Investigator's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_