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| **INSTRUCTIONS:**  To use this template, complete all required sections (substituting appropriate language for any italicized wording) and any applicable optional sections (marked “if applicable”), then **delete all shaded instruction boxes, italicized instructions, brackets and omitted optional sections prior to submitting this form**. Refer to the <Template Guide> for additional instructions. *Check the CUHS web site* [*http://cuhs.harvard.edu/*](http://cuhs.harvard.edu/) *to be sure you are using the most recent version of this document.*  This template is only appropriate for research on adults that is no more than minimal risk (briefly, the risks are no more than those of everyday life, see <Template Guide> for the full definition and additional information for other populations such as parents of minors). |

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| Study Title: |
| Researcher: |
| Version Date: *– delete this row if version date is in footer* |

**Participation is voluntary**

It is your choice whether or not to participate in this research. If you choose to participate, you may change your mind and leave the study at any time. Refusal to participate or stopping your participation will involve no penalty or loss of benefits to which you are otherwise entitled.

**What is the purpose of this research?**

The purpose of this research is to *[fill in the purpose]*

**How long will I take part in this research?**

Your participation will *[fill in duration of participation, for example: involve two one-hour interviews six months apart]*

**What can I expect if I take part in this research?**

As a participant, you will *[describe all study procedures, study visits, etc.]*

**What are the risks and possible discomforts?**

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| **INSTRUCTIONS:** Describe any reasonably foreseeable risks or discomforts (whether physical, psychological, privacy, legal, social or economic) that may result from participating in the study |

If you choose to participate, *[fill in any risks or discomforts]*

***[*Are there any benefits from being in this research study?** *–if applicable****]***

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| **INSTRUCTIONS:** If there are no direct benefits, omit this section or say: “We do not expect any direct benefits to you from your taking part in this research.” If there may be benefits, say: “We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include *[fill in possible benefits including benefits to a particular population or society at large]* |

We *[fill in as appropriate or delete section]*

***[*Will I be compensated for participating in this research?** *–if applicable]*

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| **INSTRUCTIONS:** Include the following information:   * Money or other forms of compensation, reimbursements, gifts, incentives or raffles * Both the method and the timing of the compensation * The amount of compensation if the participant does not complete the entire study   If participants will not be paid or will not receive other forms of compensation for participation, you may omit this section (including the header) or say: “You will not be compensated for participating in this research.” |

You will receive *[fill in as appropriate or delete section]*

**If I take part in this research, how will my privacy be protected? What happens to the information you collect?**

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| **INSTRUCTIONS:** Describe confidentiality protections or the lack thereof. If personally-identifiable information is recorded, include the second paragraph at the end of this section. |

The data we collect will *[fill in as appropriate]*

The information with your name on it will be analyzed by the researcher(s) and may be reviewed by people checking to see that the research is done properly. *If applicable, include the sentence:*  The information may also be seen by *(translators, transcribers, thesis committee, FDA, and/or other federal agencies as applicable.)*

**If I have any questions, concerns or complaints about this research study, who can I talk to?**

The researcher for this study is *[insert investigator name]* who can be reached at *[insert investigator contact information: phone number, mailing address,* ***and*** *email address.] [Add if applicable* The faculty sponsor is *[insert faculty sponsor name]* who can be reached at *[insert faculty sponsor contact information.]*

* If you have questions, concerns, or complaints,
* If you would like to talk to the research team,
* If you think the research has harmed you, or
* If you wish to withdraw from the study.

This research has been reviewed by the Committee on the Use of Human Subjects in Research at Harvard University. They can be reached at 617-496-2847, 1414 Massachusetts Avenue, Second Floor, Cambridge, MA 02138, or cuhs@fas.harvard.edu for any of the following:

* If your questions, concerns, or complaints are not being answered by the research team,
* If you cannot reach the research team,
* If you want to talk to someone besides the research team, or
* If you have questions about your rights as a research participant.

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| **INSTRUCTIONS:** There is no requirement to obtain a participant’s signature for minimal risk research. The following sections should be used if you choose to obtain a signature (indicate the same choice in Protocol Template question #7.3). |

***[*Statement of Consent** *–if applicable]*

I have read the information in this consent form. All my questions about the research have been answered to my satisfaction.

***[*SIGNATURE** *–if applicable]*

Your signature below indicates your permission to take part in this research. You will be provided with a copy of this consent form.

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Printed name of participant

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Signature of participant Date