

SAMPLE INFORMED CONSENT FORM FOR MINIMAL RISK STUDIES

This format is provided as a **SAMPLE FORMAT** for minimal risk to assist you in writing an informed consent form. The form must be typed and the **first page must be on Hope College letterhead (or official stationery of the site where the research is being conducted)**. All pages of the form must be numbered, e.g. Page 1 of 6.

Informed Consent Form Study Title With researchers Dr. Kim Jones and Kenisha Wilson

The purpose of the study . . . *Write a short description explaining in easy-to-understand layman's language the purpose of the study. Do not use scientific jargon or abbreviations.*

You will be asked to. . . *Describe in layman's terms what the participant is expected to do and what the participant can expect to be done to them. Include disclosure of all surveys, testing, questioning, or recording.*

You may find the following risk or discomforts from participating in the study: *All discomforts, embarrassments, ill effects, inconveniences, and other possibility of unforeseen risks should be listed.*

[Choose the applicable statement below.]

There will be no cost to you if you participate in this study.

Or

You will incur the following cost while participating in this study: *The HSRB strongly discourages the submission of research protocols in which any costs directly related to research participation are borne by the participants, since this may result in inequitable access to the research based on income.*

[Choose the applicable statement below.]

Personal benefits you may get from this study are: *State realistic benefits. Do not include monetary benefits if participants are being reimbursed for their time and expense. Monetary matters are discussed below.*

Or

There may be no personal benefit from your participation but the knowledge received may be of value to humanity.

Your participation is voluntary. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The principal investigator may at his/her discretion remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights which you might otherwise be entitled.

[Choose the applicable statement below.]

You will receive \$_____ for participating in this study. This is for your time and personal cost of participation.

Or

You will not receive any monetary compensation for your participation in this study.

Your anonymity will be maintained during data analysis and publication/presentation of results by any or all of the following means: (1) You will be assigned a number as names will not be recorded. (2) The researchers will save the data file and/or any video or audio recordings by your number, not by name. (3) Only members of the research group will view collected data in detail. (4) Any recordings or files will be stored in a secured location accessed only by authorized researchers.

The Hope College Human Subjects Review Board (HSRB) has approved the procedures of this study.

If you have any questions about this study, you should feel free to ask them now or anytime throughout the study by contacting:

Professor _____, Department Name, Address, Phone, E-mail

Or the Chair of Hope College's HSRB:

Dr. Mary Inman, HSRB Chair, Hope College Psychology Department, 1162 Schaap Science Center, E-mail: inman@hope.edu, 616-395-7148

[Choose the applicable statement below.] *Financial conflicts of interest of researchers has potential to adversely affect research integrity, especially in the area of human subjects research. These conflicts are the focus of federal regulations. Financial interest in research can be help by Hope College or investigators, and can be in the form of equity interests in the research sponsor, royalty interests in the profits generated by inventions that are marketed, and payments for recruiting subjects and conducting or consulting on research studies. The disclose of any conflict of interest is one way to manage these conflicts.*

This study is funded by _____ [agency or foundation or sponsor name], which is supporting the costs of this research. **Neither** Hope College and/or _____ [principal investigator's name] will receive financial benefit based on the results of the study.

or

This study is funded by _____ [agency or foundation or sponsor name], which is supporting the costs of this research. Hope College and/or _____ [principal investigator's name] will receive financial benefit based on the results of the study.

I understand the nature of this study and agree to participate. I received a copy of this form. I give the principal investigator and his/her associates permission to present this work in written and/or oral form for teaching or presentation to advance the knowledge of science and/or academic without further permission from me provided that my name or identity is not disclosed.

Participant Signature

Date

Signature of Witness

EXAMPLE BELOW:

Informed Consent Form – Employment Outlook

We will ask you to read a short news summary about income and housing for various ethnic groups. After reading the article, we ask for your reactions. Your responses will

be **completely anonymous**, so please answer each question *truthfully*. This sheet is the only place that we ask your name. We will collect it separately from your responses. You are free to withdraw from the study at any time, without penalty.

The study has been approved by the Hope College Human Subjects Review Board. You may contact the chair, Jeff Armstrong (395-7289, Armstrong@hope.edu) if have any concerns about this project. Feel free to contact the Professor Inman (395-7148, inman@hope.edu) as well. You'll receive a copy of this form, in case you want to reach these contacts.

Please sign below if you understand this information and voluntarily agree to participate.

Signature

date

print your email

witness