Consent to Participate in a Research Study (Adult/18+)

(For use with adult subjects only)

This is a consent form that explains what will happen if you choose to participate in this research study. The first section (Investigator Information) should have been completed by the investigator. If this section is incomplete, do not continue with the study. Do not participate if this study has not been assigned an IRB approval number. The information you need to provide begins on Page 2. Please read each section carefully.



**Investigator Information (to be completed by Principle Investigator)**

|  |  |
| --- | --- |
| IRB approval number: |  |

|  |  |
| --- | --- |
| Title of project: |  |

|  |  |
| --- | --- |
| Name of principle investigator (PI): |  |

|  |  |
| --- | --- |
| Email of PI: |  |

|  |  |
| --- | --- |
| Telephone number of PI: |  |

|  |  |
| --- | --- |
| Department or major of PI: |  |

|  |
| --- |
| Position held by PI: |

[ ] faculty

[ ] administrator/staff

[ ] student

*If PI is a student or staff, complete the remainder of* Investigator Information*, otherwise go to next page.*

|  |  |
| --- | --- |
| Name of faculty or administrator sponsor: |  |

|  |  |
| --- | --- |
| Department or office of sponsor: |  |

|  |
| --- |
| Position held by sponsor: |

[ ] faculty

[ ] administrator



**General information about this study**

You are being asked to participate in a research study*.* Whether you do is entirely up to you. You may refuse to participate, or you may stop participating at any time for any reason without any penalty.

The purpose of this study is to …

You are being asked to participate in this study because …

You will be given a copy of this consent form. You should ask the investigator(s) named above, or staff members who assist them, any questions you have about this study at any time.

When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study. This report will be made available to the public at no charge and you will have an opportunity to obtain a copy of the report.

**Reasons why you should not participate in this study**

(Delete this section if there are no exclusion criteria.)

**How long this will take (i.e., duration of participation)**

If you choose to participate in this study, your involvement will take about xxx minutes/hours.

**What will happen if you participate in this study**

(Describe the step-by-step procedure in everyday language.)

**Possible benefits of participating in this study**

(Choose one preamble or the other, but not both.)

As mentioned above, research studies are designed to gather new information. This new information might benefit someone in the future. There might not be any obvious or direct benefit to you if you participate in the study.

OR

As mentioned above, research studies are designed to gather new information. This new information might benefit someone in the future. You might also benefit by participating in this study by …

**Possible risks or discomforts related to participating in this study**

(Describe the risks or discomforts in everyday language.)

It is possible that there are unknown risks or discomforts. Please report any problems immediately to the investigator(s).

**Videotaping** (delete if not applicable)

You will be videotaped. The video will only be used for the purposes of this study (e.g., analysis of responses, transcription of responses). You may view the videotape or receive a copy.

**Audiotaping** (delete if not applicable)

You will be audiotaped.

**Protecting your privacy**

(Describe in detail and in everyday language how a subject’s privacy will be protected. This information should be consistent with what was approved in the IRB application.)

People who participate in this study (will/will not) be identified in any report or publication about this study. Although every effort will be made to keep the research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is unlikely to happen, but if disclosure is required, the investigator will take whatever steps are allowable by law to protect the privacy of your personal information. In some cases, your information in this research study could be reviewed by representatives of the University of Redlands, research sponsors, or government agencies for purposes such as quality control or safety.

**What will happen if you experience any problems or discomforts during or after your participation**

It is possible that there are unknown risks or discomforts. Please report any problems immediately to the researcher.

Anything you do, including participating in research, carries with it some chance that something problematic or unwanted may happen. Although the researcher may direct you to medical, psychological, or other services, any costs related to such problems are your or your insurance company’s responsibility.

**Compensation for participating in this study**

(Specify compensation. Delete if not applicable). Explain whether any costs (transportation/parking) will be reimbursed.

**Costs of participating in this study**

With the possible exception of transportation costs, there are no obvious costs for participating in this study.

**Questions about this study**

You may ask and have answered any question about the research. If you have questions or concerns, you should contact the Principle Investigator (PI) or faculty or administrator sponsor (if the PI is a student) at the contact information set out at the beginning of this form

**Participant’s Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

Print Name Above

Have read the information presented above. I have asked all questions I had at this time and any questions that I have asked have been answered to my satisfaction. I voluntarily agree to participate in this research study.

|  |  |
| --- | --- |
|  |  |
| Signature of Research Participant | Date |

*To be completed by researcher:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Person Obtaining Consent

|  |  |
| --- | --- |
|  |  |
| Signature of Person Obtaining Consent | Date |