**INFORMED CONSENT AGREEMENT TEMPLATE**

*NOTE: One of the most common reasons for delay of IRB approval is an inadequate informed consent agreement. It is recommended that you follow this template, write in the 2nd person, use #12 font size (this is size 12) and target a sixth to eighth grade reading level. Statements in* ***bold*** *type should be included verbatim; however they do NOT need to be in bold type in your consent agreement.*

**University of Central Arkansas**

**Informed Consent Agreement**

**Your Research Study Title**

[If including the exact title might bias the results, use a general title instead.]

**You are being asked to participate in a research study. Before you give your consent to volunteer, it is important you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.**

**Investigators**

Provide the names and degrees of all investigators involved in the research study. Indicate the department and institution with which the investigator(s) is affiliated. If you are a student, include the name and phone number of your research advisor. Also provide the UCA address and phone number.

*If you are a student, please do not list your personal phone number or email address.*

**Purpose of the Research**

This research study is designed to . . . [state what the study is designed to assess or study].

The data from this research will be used to . . . [explain how data will be used].

If you are a student, indicate how the results will contribute to your course of study.

**Procedures**

If you volunteer to participate in this study, you will be asked to . . . [describe what subject will do step-by-step, using lay language]. If the description is complicated, use bulleting or number the steps.

If controls are used, also explain what will be expected of the controls.

Your participation will take approximately . . . [amount of time required, if more than one session, frequency, etc.].

If any procedures are experimental, identify them here.

If audio or video recordings will be made, state this and how they will be used.

**Potential Risks or Discomforts**

DO NOT state that there are no risks or discomforts. You may say there are no foreseeable risks associated with the study. Describe any reasonable foreseeable risks, discomforts, inconveniences, or costs associated with this research the subjects may encounter. These could be physical, psychological, emotional, social or economic. Inform the subject of any provisions for managing these and of the subject’s right to stop participating, either temporarily or permanently.

**Potential Benefits of the Research**

Describe any benefits the subjects can expect as a result of participating in the study. If there are no benefits to the subjects, state this. Describe any potential benefits to science/society that may result from this research.

**Confidentiality and Data Storage**

Describe the precautions taken to preserve the confidentiality/privacy of subjects. If confidentiality will NOT be maintained, state this and explain if names, images or tapes will be used and how and when they will be used.

Include the procedures for using and storing data [e.g., in Dr. X’s office] and include who will have access to the data [e.g., the investigator and advisor]. [It must be stored at UCA for at least 3 years after completion of the study].

If video or audio tapes will be used to record information, describe exactly how the recordings will be used, who will have access, how long the recordings will be stored, and when they will be destroyed.

**Participation and Withdrawal**

**Your participation in this research study is voluntary. You may refuse to participate without penalty. If you decide to participate, you are free to stop at any time without penalty by just stopping and/or telling the investigator.**

*If subjects can withdraw after data collection has taken place say something like:* To withdraw from the study after data collection has been completed, contact . . . **[**tell who to contact and how].

*If the data is anonymous say something like:* You may not withdraw from the study after data collection has been completed since your name is not linked to the data.

**Questions about the Research**

**If you have any questions about the research, please ask them now. If you have questions later, you may contact . . . [name(s), UCA phone].** *If you are a student, please do not list your personal phone number or email address.*

**This research project has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects at the University of Central Arkansas. If you believe there is any infringement upon your rights as a research subject, you may contact the Research Compliance Coordinator at (501) 450-3451.**

***Subject’s Agreement***

**I have read the information provided above. My signature below indicates my voluntary agreement to participate in this research study. Please return one copy of this consent form and keep one copy for your records.**

*[If audio/video taping and/or names will be used, add a statement about also agreeing to be taped and/or named.]*

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Signature of Research Subject Date

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Signature of Investigator (optional) Date

***ADDITIONAL ELEMENTS ONLY WHEN APPROPRIATE***

**Incentives to Participate**

An incentive or inducement is something like money or a gift certificate. Candy or stickers are considered token gifts. If an incentive is offered, describe what is being offered and what is required to obtain the incentive. Incentives and token gifts are given even if the subject does not complete his/her participation.

**Reasons for Exclusion from this Study**

State in basic lay language reasons why a subject should be excluded from participating (e.g., being a smoker, pregnant, under the age of 18, a medical condition). Include only those reasons which could not be pre-determined by the investigator.

**In Case of Injury** [include this section if your study involves ***more*** *than minimal physical risk].*

**It is unlikely that participation in this project will result in harm to participants. If an injury to a participant does occur, he or she may be seen by Student Health Services or a local or regional medical facility. All expenses associated with care will be the responsibility of the subject and his/her insurance.** *If the research is not conducted at UCA or the subject is not a UCA student or employee, leave out the option of using Student Health Services.*