

INFORMED CONSENT SAMPLE OUTLINE

Title of Project: *(List the title of the project)*

Researcher: *(The name, Department Affiliation, and contact info for the primary investigator should go here)*

Department: XXXXX

Contact Information: Telephone (XXX) XXX-XXXX Email XXXX@XXX.XXX

Faculty Advisor: *(The name, Department Affiliation, and contact info for the faculty advisor should go here)*

Department: XXXXXX

Contact Information: Telephone (XXX) XXX-XXXX Email XXX@XXX.XXX

Invitation to Participate:

(State that the respondent is being invited to participate in a research study. State what you hope to learn)

Subject Selection:

(State why and how the subject was selected to participate in this study)

Purpose of Study:

(Describe in detail the purpose and potential goals of the study)

Procedures:

(Describe in detail the procedures to be followed, including their purposes, how long they take and their frequency. Describe the discomforts and inconveniences reasonably to be expected and estimate the total time required)

Participation:

(State that participation in this research study is completely voluntary. If at any time they decide that they do not want to participate in this study, their participation will be withdrawn without penalty.)

Potential Risks:

(Describe the risks associated with participation.)

Potential Benefits:

(Describe the benefits associated with participation.)

Financial Obligation:

(State whether or not there will be any financial obligation to the respondent)

Compensation/Treatment:

(State whether or not there is any compensation associated with participation. If there is, you must state exactly how much it is and what form it should take. If there is no compensation associated, this should be stated as well. If there are medical treatments available if injury should occur, this should be stated. Participants should be told who to contact and where to go if there is the risk of injury.)

Confidentiality:

(Describe how participation and records will be kept confidential (i.e. lock and key for 5 years with faculty advisor))

Questions/Comments:

(State they can contact the primary investigator, faculty advisor or IRB if they have questions/concerns about this study. Provide contact information for all 3 sources)

Primary investigator/Graduate student: XXXX (XXX) XXX-XXXX or XXXX@XXXX.XXX

Faculty Advisor: XXXX (XXX) XXX-XXXX or XXXX@XXXX.XXX

IRB: (XXX) XXX-XXXX or XXXX@XXXX.XXX

Agreement to Participate:

(Include statement asking respondents to please sign and print your name where designated below if they agree to take part in the study. Remind them that their signature indicates that they have read and understood the information provided in this document, and that they agree to participate in this study. If at any time they have questions or concerns regarding this study, they should feel free to contact the primary investigator or faculty advisor at the telephone numbers or email addresses provided in this document.)

Signature of Participant

Date

Printed Name of Participant

Date

Signature of Primary Investigator

Date

Signature of Faculty Advisor

Date