**SAMPLE CONSENT FORM**

**TITLE**: Insert the title of your project

**OPENING PARAGRAPH:**

I agree (or, I agree to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to take part in a research study titled (title of research in quotes), which is being conducted by (Researcher's name, department, institution, and phone number where researcher can be contacted) under the direction of (CU faculty advisor, department, institution and phone number). My (or, my child's) participation is voluntary; I (or, I and my child) can refuse to participate or stop taking part at any time without giving any reason, and without penalty. I can ask to have information related to me (or, to my child) returned to me, removed from the research records, or destroyed.

*Note: Information relative to your study should be inserted as indicated in the parentheses of the opening paragraph. You should remove the parentheses from the final draft.*

**REASON/PURPOSE:**

Either “The reason for the study is…” or *“*The purpose of the study is…”

Provide a short description of the background and purpose of the study. Make sure that this description can be easily understood by potential participants.

**BENEFITS:**

“The benefits that I may expect from it are:”

Describe direct benefits to the participant only. If there are no direct benefits associated with participation, the consent form should include such a statement.

*Note: If there are no direct benefits associated with participation, this section should read: “I will not benefit directly from this research.”*

**COMPENSATION/COSTS/REIMBURSEMENT:**

Financial or other compensation/incentive (if applicable) should be noted. This may include any compensation, incentive, or reimbursement (money, participant pool credits). Indicate how any payment will be prorated, in case the participant withdraws from the study prior to completing his/her participation in it.

**PROCEDURES:**

Either “The procedures are as follows:” or “If I volunteer to take part in this study, I will be asked to do the following things:”

Describe what will happen to the participant, including the time, place, and duration (i.e. “My part in the study will last for two weeks”, or “Each visit will last thirty minutes”).

Describe the procedures chronologically using simple language, short sentences and short paragraphs. The use of subheading helps to organize this section and increase readability.

Note audio or video recordings.

If blood collection is involved, reference should be made to the amount (e.g., in ml. and teaspoons or tablespoons) of blood that is to be drawn.

Appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the participant, must be disclosed.

**DISCOMFORTS OR STRESSES:**

“The discomforts or stresses that may be faced during this research are:”

Describe the reasonably foreseeable discomforts that may be expected from each of the procedures that a participant will be undergoing for research purposes. Each discomfort should be accompanied with an indication of the probability of occurrence (i.e., ‘rare,’ ‘common’).

*Note: If no discomfort is foreseen, the entire comment for this section should read: “No discomforts or stresses are expected.”*

**RISKS:**

“Participation entails the following risks:”

Describe the reasonably foreseeable risk (physical, psychological, social, or legal) that may be expected from each of the procedures that a participant will be undergoing for research purposes. Each risk should be accompanied with an indication of the probability of occurrence (i.e., ‘rare,’ ‘common’).

Also list the steps to be taken if harm should come to the participant, including any availability of medical or psychological treatment or referrals if needed.

An explanation of whom to contact in the event of a research-related injury to the participants must be provided, if appropriate.

Describe any anticipated circumstances under which the participation may be terminated by the researcher without regard to the participant's consent.

*Note: If no risks are foreseen, the entire comment for this section should read: “No risks are expected.”*

**DECEPTION: (Use only if applicable)**

If deception is necessary, state: “In order to make this study a valid one, some information about my (or my child’s) participation will be withheld until after the study.”

**CONFIDENTIAL, ANONYMOUS, OR PUBLIC:**

Procedures regarding anonymity OR confidentiality should be described here as appropriate. If you or anyone else can trace the identity of the participant through the data, participation is NOT anonymous. Participation CANNOT be both anonymous and confidential.

If information will be released to any other party for any reason, state the person/agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure.

If activities are to be audio or video recorded, describe the participant's right to review/edit the records, who will have access, if they will be used for educational purpose, and when they will be deleted.

Describe the extent, if any, to which confidentiality of records that identify the participant will be maintained. Add how long the master list with identifiers will be maintained.

Consent forms for research that involves data collection that takes place over the internet must contain the following statement: “Internet communications are insecure and there is a limit to the confidentiality that can be guaranteed due to the technology itself. However once the materials are received by the researcher, standard confidentiality procedures will be employed.”

Describe the standard procedures. Examples of such wording are:

1. The only people who will know that I am a research participant are members of the research team. No individually-identifiable information about me, or provided by me during the research, will be shared with others, except if necessary to protect my rights or welfare (i.e., if I am injured and need emergency care); or if required by law.
2. Any information obtained in connection with this study that can be identified with me will remain confidential unless required by law.
3. Any individually-identifiable information about me will be kept confidential. An exception to confidentiality involves information revealed concerning suicide, homicide, or child abuse which must be reported as required by law, or if the researchers are required to provide information by a judge.
4. My identity and the results of this participation will be made public.
5. The results of this participation will be anonymous.

**FURTHER QUESTIONS:**

Include the following statement with the correct phone number.

“The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: ###-###-####.”

**FINAL AGREEMENT & CONSENT FORM COPY:**

One of the following statements must be above the signature lines:

1. My signature below indicates that the researchers have answered all of my questions to my satisfaction and that I consent to volunteer for this study. I have been given a copy of this form.

*or*

1. I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

**CONSENT FORM SIGNATURE LINES FORMAT:**

Please sign both copies, keep one and return one to the researcher.

Name of Researcher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL PERMISSION FORM SIGNATURE LINES FORMAT:**

Please sign both copies, keep one and return one to the researcher.

Name of Researcher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB OVERSIGHT PARAGRAPH:**

One of the below oversight paragraphs MUST be included VERBATIM at the bottom of each consent form/cover letter. We recommend that you use a smaller font size for this. This is because participants often mistakenly assume this is the contact information for the researcher and most often will not have enough information for us to be able to redirect their correspondence/calls.

1. Additional questions or problems regarding your rights as a research participant should be addressed to Dr. Michael Sherr, Chair, Institutional Review Board, Cedarville University, Cedarville, OH 45314; Telephone (937)766-7677. Email Address: [IRB@cedarville.edu](mailto:IRB@cedarville.edu)

*or*

1. Additional questions or problems regarding your child's rights as a research participant should be addressed to Dr. Michael Sherr, Chair, Institutional Review Board, Cedarville University, Cedarville, OH 45314; Telephone (937)766-7677. Email Address: [IRB@cedarville.edu](mailto:IRB@cedarville.edu)