

Consent to Participate in a Research Study

(For use with adult subjects only)

What follows is a consent form that explains what will be happening 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 Principal Investigator)**

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

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

|  |  |
| --- | --- |
| Name of principal 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 …

**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.)

**Videotaping** (delete if not applicable)

You will be videotaped.

**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)

**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 Principal Investigator (PI) or faculty or administrator sponsor (if the PI is a student).

**Questions or concerns about the investigators, staff members, and your participation in the study**

This study was approved by the University of Redlands Institutional Review Board (IRB). This board tries to ensure that your rights and welfare are protected if you choose to participate in the study. If you have any questions about your role or how you were treated by the research personnel, you may contact the Chair of the IRB at riaz\_tejani@redlands.edu or by telephone at (909) 748-8534.

**Participant’s Agreement**

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

 Print Name Above

have read the information presented above. I have asked all questions I had at this time. 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 |