**Informed Consent Form template**

**Lawrence University**

***Title of Project***

*List title of project*

***Researcher’s Name(s) and Telephone Number(s)***

I have been invited to participate in a research project conducted by (*Principal Investigator/Researcher’s* *name and telephone number*) of Lawrence University, *(department name*). *If the PI/R is a student, add the following sentence.* He/she is being supervised in this research by (*list faculty advisor name and department*).

***Purpose***

The purpose of this research is to (*explain purpose or objectives of research. If applicable, include the names of the institutions, companies, or organizations that are involved in the study through funding, cooperative research, or by providing supplies or equipment.)*

*An example of such a statement would be as follows:*

*(Name of institution/company/organization*) is providing financial support and/or material for this project.

***Participants***

The participants in this research project are (*describe target population*). *Please explain if there is a condition or circumstance that makes the person eligible for this study and specify the information.* If I agree to participate, I will be one of about (*number*) people to do so at (*location or setting – university, locally, nationally*). *If the person does not want to participate and you have alternative options other than participating, add the following:*  If you do not want to take part in this research, there are other alternatives (*list alternative choices). [This would be used, for instance, if extra credit is being offered as an incentive to participate.]*

***Right to Refuse or Withdraw***

I understand that this research has been approved by Lawrence University’s Institutional Review Board, whose primary goal is to protect human subjects in research. I understand my participation in this research is completely voluntary. There will not be any consequences if I refuse to participate. I understand I can withdraw from the research at any time without penalty or loss of benefits. I will contact (*principal investigator/researcher’s name*) at (*phone number*) should I decide to withdraw from the research.

*Add the following statement for student participants recruited in a class:*

If I decide not to participate or withdraw from this research, there will be no effect on my academic status or grade in this or other classes.

*Add the following statement for employees:*

If I decide not to participate or withdraw from this research, there will be no effect my employment status.

*Add the following statement so long as this is not an anonymous survey:*

I also understand the researcher has the right to withdraw me from participating in the research at any time.

*If your study involves deception, please include the following statements:*

Some elements of this project will not be made known to me until my session is completed. I realize at the completion of the session that I have the option of withholding the responses I have provided from subsequent analysis.

***Location and Duration of Project*** *(Include only if**the research will be conducted in a specific location and requires participants to attend multiple sessions)*

The research will be conducted at (*state the general facility*). I will need to come to (*state location including room where study will occur*) for (*X# times*) during the study. Each of the visits will take (*state in hours and/or minutes*). The total amount of time I will be asked to volunteer for this study is (*X # hours*) over the next (*X# days/months/years*).

***Procedures***

If I agree to participate, the following will occur:

*List all steps (if applicable) in detail including:*

1. *Location and duration of project if not noted in the above section*
2. *Recruitment/sampling process*
3. *What you will ask participants to do*
4. *What will be done to the participants*
5. *Identify any experimental procedures. If none, please indicate “Experimental procedures are not being used”.*

# ***Risks***

# *For each real/potential risk, investigators should provide subjects an estimate of its magnitude (e.g., mild, moderate, severe). Investigators should give an adequate and honest description of the magnitude of the risks without unrealistic minimization of risks.*

*If research involves minimal risk to human subject, include the following statement:*

To the best of the researcher’s knowledge, there will be no more risk of harm than I would normally experience in daily life. The anticipated risks associated with my participation in this research will be minimal.

*List any reasons people should not participate in this project.*

*If the research involves any procedures which could cause possible physical, social, legal, economic, and other harm, describe the risks in lay terms and any ramifications that could result should an unanticipated problem or adverse event occur.*

*If the research involves any procedures which could cause possible emotional or mental harm, include the following statement:*

I may find some questions that are asked (*or some procedures I am asked to do)* to be upsetting or stressful.  If so, I can contact the following people or agencies to help me with these feelings. In addition to the risks listed above, I may experience a previously unknown risk or side effect.

*List of contacts…*

# ***Benefits***

# *For each real/potential benefit, investigators should provide subjects an estimate of its magnitude (e.g., few, moderate, substantial). Investigators should give an adequate and honest description of the magnitude of the benefits without unrealistic exaggeration of the benefit.*

# The possible benefits of me participating in this project are (*list of individual benefits – health related, psychological, improved knowledge*). However, there is no guarantee I will receive any benefit. My participation in this research will generate (*describe overall societal benefit*).

# ***Cost and Compensation of Participation***

# I understand there are (*list itemized costs associated with study OR no costs)* to me as a result of my participation in this project. I *will* *OR will not* receive any compensation for my time. *If a dollar amount will be paid for participation, specify amount and address matter of proration if participant withdraws or if the study is terminated by researcher. If there is no compensation, please specify.*

***Compensation In Case of Injury or Illness*** *(Include only if research could result in physical injury)*

*If research is greater than minimal risk and involves activities that could result in physical injury or illness, describe compensation for research-related injury and/or emergency medical treatment. Otherwise indicate:*

No form of compensation is available. Medical treatment may be provided at my own expense or at the expense of my health care insurer, which may or may not provide coverage. If I have questions about health care coverage, I should contact my insurer.

# ***In Case of Injury*** *(Include only if research could result in physical injury)*

# If an emergency should occur, I will call 911 for a life-threatening emergency. For non-life threatening medical issues, call (*principal investigator/researcher’s name*) and (*telephone number*). They will determine what type of treatment, if any, that is best for me at the time.

# ***Anonymity (*Anonymity means that no identifying information, such as name, ID number, or other information that could be used to identify a person is collected so the privacy of participants is assured).**

[IF THE STUDY IS ANONYMOUS: *There can be absolutely no link to identifiers anywhere, nor any code lists*]

This study is anonymous, which means no one including members of the research team, will be able to identify individual responses. *(Describe the procedure(s) you are using to assure the identity of participants is anonymous).* Because of these procedures, I understand that the data I provide will be anonymous.

[IF THE STUDY IS NOT ANONYMOUS:]

Every effort has been taken to prevent anyone who is not on the research team from knowing that I participated in the study. *(Describe the procedure(s) used for protecting the identity of the participant including how anonymity will be assured when using paper records, computer records, jump drives and portable storage devices, and data stored on a secure server or in a private office.)* I understand that any information derived from this research project that personally identifies me will not be released.

# ***Confidentiality (*Confidentiality means that the researcher (or perhaps the instructor) will have a record of who participated but the data will be kept private.)**

I understand the data collected in this study will be kept confidential unless disclosure is required by law.  Specifically, the researcher will ... [*explain how you will keep their names and data secure and who will have access to the data ( e.g., members of the research staff, advisor, teacher). If there is a master list that includes the participant’s name and a code linking the name to the data, the master list must be kept secure and separately from the collected data.  Explain when the consent forms and any other identifiable data will be destroyed.  Note, the IRB requires principal investigators/researchers to keep consent forms for 3 years.  You do not ever have to destroy raw data but at some reasonable point, you should destroy anyone’s ability to link the participants' data to identifying information. It is unacceptable to merely write “confidentiality will be maintained.”]*

***Questions, Suggestions, Concerns, or Complaints***

Before I decide whether to accept the invitation to participate in this project, I can ask any questions about the project that I have now.

* If I have any questions, suggestions, concerns, or complaints about this project, I can call (*principal investigator name*) at (*phone number*).
* (*If applicable*) If I have a research-related injury, I will contact (*name*) at (*phone number*).
* If I have questions about my rights as a participant, I may contact the Chair of the Lawrence University IRB, Dr. William Skinner (920) 993-6025 or [irb@lawrence.edu](mailto:irb@lawrence.edu).

***Signatures***

***Participant:***

By my signature, I am affirming that I am at least 18 years old and that I agree to participate in this study. I understand I will receive a signed copy of this consent form.

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Signature of participant Date

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Printed name of participant

***Person Obtaining Consent:***

I have explained to the participant above the nature, purpose, risks and benefits of participating in this research project. I have answered any questions that may have been raised and I will provide the participant with a copy of this consent form.

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Name of [authorized] person obtaining informed consent Date