# **(Your Study’s Title)**

IRB# (XXXXXXXX) DATE APPROVED (XX/XX/XXXX) EXPIRES (XX/XX/XXXX)

# ****Informed Consent****

**[How to use this template:** Statements in *yellow highlight* identify where information that must be filled in with specific study details. Statements in red are instructional notes. This paragraph and these yellow and red instructions should not be included in the final version of the consent.]

KEY INFORMATION

You are being asked to consent to participate in a research study. The purpose of this study is to (insert your purpose)**.** Participation is voluntary. There is no penalty if you decide not to participate or withdraw from the study, and your relationship with (insert the researcher name(s)), the (insert your Program Name, if applicable), (insert Department Name), and Clarke University will not be affected by this decision. [You may also need to include an external agency in this list, if applicable.] The estimated time of participation is (insert time here). You will be expected to (briefly state what will participants be asked to do). Potential benefits for participating include (insert potential benefits). Potential risks of participating include (insert potential risks).

[If applicable, you may need to add the following statement at the end of the paragraph above:] “Alternative procedures or courses of treatment could include (insert potential alternative procedures or courses of treatment).”

QUALIFICATIONS TO PARTICIPATE

You are being asked to participate because you (insert inclusion criteria). Unfortunately, there are some reasons why you may not be able to participate. These include (insert exclusion criteria).

PROCEDURES

If you agree to participate in this study, you will be asked to (insert the more detailed version of the procedures in chronological order in lay terms)

PARTICIPANT CONFIDENTIALITY

In order to maintain confidentiality, your name will not be connected to any publication or presentation that uses the information and data collected about you or with the research findings from this study. The researcher will use (insert anonymizing method, such as number or pseudonym) to identify participants rather than your name. Your identifiable information will only be shared if required by law or you give written permission.

DISCLAIMER

The risk of participating is minimal. [Delete the following highlighted section if not doing face-to-face research.] Researchers and participants will follow University approved procedures for safety related to COVID-19 including screening temperature and current health status prior to participation. Social distancing will be maintained as safety allows for the activity, otherwise researchers will wear additional Personal Protective Equipment. If you have health concerns that impact your ability to participate, however, you may want to consult a health care professional before agreeing to participate in this study. [You may need to edit the next sentence if off-site.] If you need medical or mental health attention during the course of the study, Clarke University emergency procedures will be followed. The researchers and Clarke University are not responsible for any medical or mental health expenses.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to participate in this study and have the right to refuse signing this form. Refusal to participate in this study or to sign the form will not affect your rights to services you currently are receiving or may receive from (insert your Program Name, if applicable), (insert Department Name), or Clarke University. If you refuse to sign this form, you cannot participate in the study.

CANCELLING THIS CONSENT:

At any time during the study, you have the right to withdraw your consent to participate in this study. To withdraw from the study, we ask you to contact the researcher. You can contact the researcher at the contact information listed in the next section. If you withdraw from the study, the researcher will stop collecting additional information and data about you. The researcher may continue using and sharing the information obtained prior to your withdrawal if it is necessary for the soundness of the overall research.

PARTICIPANT CERTIFICATION:

I have read this Informed Consent form. I have been given the opportunity to ask questions regarding the study, and I have received answers to any questions I had regarding the study. I understand that if I have any additional questions about the study or my rights as a research participant, I may contact (insert a contact name) at (insert a phone number here)[Do not use a personal phone number] or email (insert email address here).

I agree to be a participant in this study. I acknowledge that I am aware of what this study involves, that I am at least 18 years old, and that I have received a copy of this Informed Consent form.

Participant’s Signature Date

Participant's Name (print legibly)