This is a sample of a consent form that is used in conducting research with living subjects. You will need to expand and modify this form to meet your specific needs.

SAMPLE Informed Consent

>Title of Research Study

Introduction

You are being invited to take part in a research study. The information in this form is provided to help you decide whether or not to take part. Study personnel will be available to answer your questions and provide additional information. If you decide to take part in the study, you will be asked to sign this consent form. A copy of this form will be given to you.

What is the purpose of this research study?

[Provide information about the scientific purpose of the study and why the study is being conducted.]

Why are you being asked to participate?

You are being invited because ... [Explain why the prospective participant is being asked to join the study.]

How many people will be asked to participate in this study?

Approximately _____ persons will be asked to participate in this study.

What will happen during this study?

[Describe procedures in simple terms and in chronological order. Explain if any procedures are experimental. If the study is a treatment study, explain other courses of treatment or alternative procedures.]

How long will I be in this study?

About ____ [hours, days, weeks, etc.] time will be needed to complete this study.

Are there any risks to me?

The things that you will be doing have [no more, a little more, may create] risk [Indicate the type of risk – criminal, social, financial or risk of breach of
Are there any benefits to me?

You will not receive any benefit from taking part in this study. [Modify if there will be some benefit to the participant. Also explain if there are benefits to society]

Will there be any costs to me?

Aside from your time, there are [no costs, some costs] for taking part in the study [If there are costs associated with participation, please describe].

Will I be paid to participate in the study?

You will be paid $____ [or describe other compensation] for your participation.

Will video or audio recordings be made of me during the study?

No.

[or]

We will make an audio (video) recording during the study so that we can be certain that your responses are recorded accurately only if you check the box below:

I give my permission for audio/video recordings to be made of me during my participation in this research study.  

Will the information that is obtained from me be kept confidential?

The only persons who will know that you participated in this study will be the research team members: [Name 1, Name 2, Name 3, etc. Or, state Principal Investigator and research personnel]

Your records will be confidential. You will not be identified in any reports or publications resulting from the study. It is possible that representatives of the Federal Government or some other group [specify sponsor, Human Subjects Protection Program, representatives of other regulatory agencies] that supports the research study will want to come to Prescott College to review your
information. If that occurs, a copy of the information may be provided to them but your name will be removed before the information is released.

What if I am harmed by the study procedures?

[For research greater than minimal risk, give an explanation as to whether any compensation is available, an explanation as to whether any medical or psychological treatments are available if injury or emotional distress occurs and, if so, what they consist of, or where further information may be obtained.]

If a Certificate of Confidentiality is used, list information about that here. Otherwise, remove any reference to a Certificate of Confidentiality.

May I change my mind about participating?

Your participation in this study is voluntary. You may decide to not begin or to stop the study at any time. Your refusing to participate will have no effect on [your student status, employment, evaluation, etc.]. You can discontinue your participation with no effect on [your student status, employment, evaluation, etc.]. Also any new information discovered about the research will be provided to you. This information could affect your willingness to continue your participation.

Whom can I contact for additional information?

You can obtain further information about the research or voice concerns or complaints about the research by calling the Principal Investigator ___________________ (name of Principal Investigator plus his/her degree, M.D., Ph.D., Pharm.D., Ph.D. Candidate, etc.) at (     )___-_____. If you have questions concerning your rights as a research participant, have general questions, concerns or complaints or would like to give input about the research and can’t reach the researcher, or want to talk to someone other than the researcher, you may call the Human Subjects Committee Chairperson for this study at (     )___-_____. (If out of state use the toll-free number 1-____-_____.) If you would like to contact the Human Subjects Committee Chairperson by email, please use the following email address:

Your Signature

By signing this form, I affirm that I have read the information contained in the form, that the study has been explained to me, that my questions have been answered and that I agree to take part in this study. I do not give up any of my legal rights by signing this form.

__________________________________
Name (Printed)

PC 2/5/07
Participant's Signature   Date signed

**Statement by person obtaining consent**

I certify that I have explained the research study to the person who has agreed to participate, and that he or she has been informed of the purpose, the procedures, the possible risks and potential benefits associated with participation in this study. Any questions raised have been answered to the participant’s satisfaction.

__________________________________   ______________
Name of study personnel

__________________________________   ______________
Study personnel Signature   Date signed