WAYNESBURG UNIVERSITY

SAMPLE Consent Form

Note: This is only a sample. Modify as appropriate. The form must be on department letterhead and include the title of this form and the title of the research project below the letterhead.

Introduction: (sample statements)

a. I, (SUZIE SUBJECT), have been asked to participate in this research study/QI project that has been explained to me by (NAME OF PI)**.** This research is being conducted by NAME OF CLASS/PERSON**.**

b. My child, (LITTLE SUZIE SUBJECT), has been asked to participate…

Purpose of Research Study/Project:

The purpose of the research study/project is to (LIST PURPOSE HERE)**.**

Description of Procedures:

This research study/project involves (DESCRIBE PROCEDURES IN APPROPRIATE DETAIL) and will take approximately (TIME) for me to complete. Approximately (LIST NUMBER OF SUBJECTS) will be entered in this research study/project.

Risks and Discomforts:

List risks expected from participating in this research study/project. (If none, state "No Known Risk." Otherwise, list risks, such as minor risks of frustration of completing a survey or being interviewed, some questions might stir feelings of sadness or depression, risk of embarrassment, etc. More substantive risks might be risk of falling, health risks, etc.).

Benefits: (sample statements)

a) I understand that this study may not be of direct benefit to me, but the knowledge gained may be of benefit to others.

b) I understand that I will receive (NUMBER OF BONUS POINTS) for participating in this study and that an alternate assignment for equal bonus points is available if I choose not to participate in this study.

Contact Persons:

For more information about this research, I can contact (JOHN INVESTIGATOR) at (LIST CONTACT INFORMATION). For information regarding my rights as a research subject, I may contact the IRB chair: Dr. Jenny Jellison, Professor of Psychology, Waynesburg University, 225 Buhl Hall, 51 West College Street, Waynesburg, PA 15370; (724-852-3242); jjellis@waynesburg.edu.

Confidentiality:

I understand that any information about me obtained as a result of my participation in this research will be kept as confidential as legally possible. I also understand that my research records, just like hospital records, may be subpoenaed by court order or may be inspected by federal regulatory authorities. In any publications that result from this research, neither my name nor any information from which I might be identified will be published without my consent.

Voluntary Participation:

Participation in this study is voluntary. I understand that I am free to withdraw my consent to participate in this study at any time. I understand that refusal to participate or withdraw from this study will involve no penalty or loss of benefits and will not affect my grades, class standing or participation in other University activities. I understand that I am not required to answer all questions asked of me in a survey or interview. I have been given the opportunity to ask questions about the research, and I have received answers concerning areas I did not understand.

Upon agreeing to participate in this study, I will receive a copy of this consent form.

I certify that I am 18 years of age or older and willingly consent to participate in this study.

Signature of subject or subject's representative	Date
Signature of investigator or investigator's representative	Date