

**INFORMED CONSENT FORM**

*INSTRUCTIONS: DELETE THIS SECTION BEFORE SUBMITTING FOR IRB REVIEW*

1. *Statements in red are required and, if applicable, must be included in your Informed Consent Document. Instructions are in [brackets] and should be deleted.*
2. *Change font color of required statements to black.*
3. *Delete any sections that are not applicable to your research.*
4. *The Consent Form must be written in 2nd person (e.g., you are being invited to participate, you will be asked…)*
5. *The Consent Form should be written in lay language, easily understood, approximately on an 8th grade level, similar to newspapers or magazines, not scholarly journals.*
6. *The page numbering inserted must be maintained*
7. *Your IRB number and expiration date will be provided by the IRB Administrator in your letter of approval. This information must be included on Informed Consent Forms. A copy of the Informed Consent Document, including the IRB number and expiration date must be sent to the IRB office within 10 days of receiving IRB approval.*
8. *A copy of the Informed Consent Form* ***must*** *be provided to the participant.*

**Study Title**: [insert study title here]

**IRB Approval Number**: [insert approval number here]

**Principal Investigator**:

Department:

Contact Information: [phone number and email address]

Supervising UWG Faculty (if PI is a UWG student):

Department:

Contact Information:

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| --- |
| **SUMMARY** [provide the participant the information a reasonable person would want to know in order to decide to take part in a research study.] |
| * You are being asked to take part in a research study your participation is voluntary.
* The research is about [describe your research topic-briefly].
* If you agree to be in the study, you will be asked to [list procedures, what participants are being asked to do, duration, and location-briefly].
* [Include if applicable] The risks or discomforts may include [list].
* [Include if applicable] The benefits to you are [list direct benefits to participants].
* A copy of this form will be given to you for your records

Please read this entire form and ask questions before deciding if you want to take part in this research study. Your participation is voluntary and you may stop at any time or you may choose not to [e.g., answer survey question(s), continue with the interview, be audio recorded, etc.] |

**PURPOSE OF THE STUDY**

[Describe the general purpose of the study and include relevant background information and what question(s) you hope to answer. Be brief.]

**PROCEDURES**

You are being invited to take part in a research study because [state inclusion criteria]. [If applicable, state any exclusion criteria, if they must be over 18, if they have completed a specific program or class, etc.] If you agree to take part, you will be one of [number] of participants in the study.

You will be asked to [describe, step-by-step what the participant will be asked to do or what data about the participant you are seeking permission to use]. [Describe where the research will be conducted, expected duration of each procedure including any follow-up, and total time commitment for the participant.]

[If Applicable] Audio/video recording-

[If you are audio or video taping this must be clearly stated and include who will transcribe and have access to recordings. The consent form must have a place for participants to opt out of being recorded. If the study requires recording, it must be clearly stated they cannot participate if they do not wish to be recorded.]

**RISKS & BENEFITS**

[Describe known risks, including physical, psychological, and social risks/discomforts, or state there are no known risks.]

[Describe potential benefits or state there are no expected direct benefits from participating.]

**CONFIDENTIALITY**

We will take every precaution to protect your data. [Describe how the research team will maintain confidentiality of the data or if the data will be anonymous. Include information such as replacing names with codes/numbers, storing consent and data separately, data stored in locked cabinets or password protected computers. Describe when the data will be destroyed or if the data will be maintained indefinitely. Describe who will have access to the data and if they will be available to anyone outside of the research team (e.g., a transcriptionist).] [Describe how the research results will be presented; aggregate, without identifying information, etc.]

[If applicable] Confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the internet by any third parties. [This statement must be included if you are using any online survey provider other than Qualtrics, if you are conducting interviews online, or if you are sharing data files with identifiable information electronically.]

[If applicable] FOCUS GROUPS-

Although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others. Please do not share anything in the focus group, you are not comfortable sharing with others.

[If applicable] There are some situations where we will have to release your information. If we learn that you intend to harm yourself or others, we must report that to the authorities. There are also times where studies are reviewed by the University of West Georgia to make sure that they are being conducted safely. In the event that this occurs, the reviewers will be responsible for protecting your information.

**COMPENSATION**

[Describe any compensation for taking part in the study. Gift cards, extra credit, etc. **OR** state You will not receive anything for taking part in this study.]

[If applicable] **ALTERNATIVES**

[Describe alternatives to taking part in the study. If you are offering extra credit, a task comparable in time and energy must be included as an alternate to being in the study.]

**WITHDRAWAL**

Your participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

[Explain any conditions after which a participant cannot with draw their data; such as an anonymous survey where participants can only withdraw prior to submitting the survey, or if the identifying code will be destroyed after analysis.]

**RIGHTS AS A RESEARCH PARTICIPANT**

If you have any questions about your rights as a research participant, you can contact the UWG Office of Research and Sponsored Projects (ORSP) at 678/839-4749 or by email at irb@westga.edu. If you feel that you have been harmed by your participation in this study, please contact the researchers listed above or the ORSP office.

**FUTURE RESEARCH**

[If you are collecting identifiable private information or identifiable biospecimens you must include one of the following statements] [Delete the statement that does not apply.]

All identifiable information will be removed from the data collected and may be used for future research studies or distributed to another investigator for future research studies. Once your identifying information has been removed, we will no longer be able to identify your data to obtain additional informed consent from you or remove your information from the data set.

Or

The data you provide will not be used or distributed for future research studies, even if identifying information is removed.

**STATEMENT OF CONSENT**

I have had the opportunity to read and consider the information in this form. I have asked any questions necessary to make a decision about my participation. I understand that I can ask additional questions throughout my participation.

I understand that by signing below, I volunteer to participate in this research. I understand that I am not waiving any legal rights. I have been provided with a copy of this consent form and I am at least 18 years old.

I consent to participate in this study.

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Name of Adult Participant Signature of Adult Participant Date

Researcher Signature [to be completed at time of informed consent]

I have explained the research to the participant and answered all of their questions. I believe that the participant understands the information described in this consent form and freely consents to participate.

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Name of Research Team Member Signature of Research Team Member Date

[If applicable]

Please initial

\_\_\_\_ I agree to be audio/video recorded

\_\_\_\_ I do not agree to be audio/video recorded, but will participate in the study.