

Informed Consent

Principal Investigator [Insert name of faculty researcher(s) or faculty advisor]
Co-Investigator [Insert name of faculty researcher(s) or student researcher(s)]
Study Title
Funding Agency [If applicable]

This consent form will give you the information you will need to understand why this research is being conducted and why you are being invited to participate. It will describe what you need to do to participate as well as any known risks, inconveniences, or discomforts that you may have while participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy for your records.

Purpose and Background

- Provide clear statement of the scientific purpose and objectives of the research study
- Brief description of the study participants

Procedures

- Explanation of what the participant will be asked to do
- Length and frequency of each study
- Total time commitment
- How and where data will be collected

Risks

- Describe all possible risks/discomforts (physical, emotional, social, etc.) as a result of study procedures
- Identify steps taken to minimize risks
- Indicate any unforeseen risks
- Indicate any inconveniences (i.e. amount of time required to participate, abstention from food, length of time participants may have to sit or stand, etc)
- Sample statement of no known risks: *“We believe there are no known risks associated with this research study; however a possible inconvenience may be the time it takes to complete the study.”*

Benefits

- Describe any direct/indirect benefits that may be reasonably expected as a result of the study
- Describe any benefits expected to the population that participants represents or to society in general
- Sample statement: *“You may not directly benefit from this research; however, we hope that your participation in the study may [describe societal benefits]...”*

Confidentiality

- Describe the extent to which subjects will be identifiable, who will have access to data, when it will be destroyed (Note: it must be kept for 3 years following conclusion of the study per federal regulations)
- Describe the procedures that will be used to protect study records and subjects’ identity
- Describe any situation where confidentiality cannot be guaranteed
- If data are to be released, describe the person(s) or agency to whom the information will be furnished, the nature of the information to be furnished, the purpose of the disclosure and whether the participant’s name will be used

Compensation

- If subjects are not being compensated, state that participants will not receive compensation for their participation

-If subjects are being compensated, state that participants will receive compensation, how much it will be and when they will receive it (describe the cash payment, gifts, raffle prizes, etc)

-If students are receiving extra credit, describe the specific amount of credit that can be earned and that it is not the only way to receive extra credit. Encourage participants to contact their instructor for alternative extra credit options

Questions

Please take as long as you need to review this information before deciding if you would like to participate.

If you have questions or concerns about your participation in this study, you should first talk to the principal investigator at [email, phone number]

If you have questions about your rights as a participant, you may contact the Holy Cross Institutional Review Board (IRB), which is concerned with the protection of participants in research. You can contact the Chair at [email, phone number].

You do not have to participate in this study if you don't want to. If you agree but later change your mind, you may drop out of the study at any time. There are no penalties or consequences if you decide to no longer participate.

Consent

I have read this form and am voluntarily agreeing to participate in this study. It was explained to me in a language that I understand and I have had the opportunity to ask questions to which I received satisfactory answers. I understand that I can drop out of the study at any time. A copy of this signed consent form has been given to me.

Signature _____

Print Name _____

Date _____

By signing below, I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person
Obtaining Consent _____

Print Name _____

Date _____