Informed Consent Form

Summary of key points:

- **This study will take about _____ *(specify length of study)* to complete.**
- **In this study, you will _____ *(brief, one statement description of what the participant will do)***
- ***(briefly describe any potential risks)***
- ***(briefly describe any potential benefits)***

You are being invited to take part in a research study about _____.
You are being invited to participate in this research study because _____. (*If a condition or circumstance exists that makes participants eligible for the study, specify this information; however, this may not be applicable for some social science studies.)*

If you take part in this study, you will be one of about _____ *(specify total number of participants expected in study)* people to do so.

The person in charge of this study is _____ *(PI)* of_____*(Affiliation)*. *(If the PI is a student, add the following statement:)* He/She is being guided in this research by _____*(Advisor)*. Other people on the research team may assist at different times during the study. *(Include the preceding sentence only if other people are involved in the study, and then identify the other investigators.)*

(Describe the purpose of the study).

(Describe where the study will be conducted. Include how many times the participants will be asked to attend and how long the administration will take. If this is a longitudinal study, include the length of time involved..

(Tell the subject what to expect. Describe all procedures in simple language. Provide a timeline for longitudinal studies. Also, explain random selection procedures.)

(If the research involves minimal risk to the subject, include the following statement:)* To the best of my knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. *(If the research involves procedures that could cause possible physical harm, describe the risks and any consequences that could result should an adverse/negative event occur.)

(If the research involves any procedures that could cause possible emotional or mental harm, include the following statement:)

Although we have made every effort to minimize harm, you may find some questions we ask you (or some procedures we ask you to do) to be upsetting or stressful. If so, we can tell

you about some people who may be able to help you with these feelings. ***(Provide information about contacts. Free services are available through the Counseling Center at NSU.)***

(If a conflict of interest exists in the project, please explain; otherwise, use the following or a similar statement to indicate that no conflict of interest exists.)

Neither the person in charge of the study nor any personnel involved in this study have any financial or personal interest in any company or instrument being used.

There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced _____ when _____. We cannot and do not guarantee that you will receive any benefits from this study.

OR

You will not get any personal or financial benefit from taking part in this study.

(If no rewards or payments are granted for participants, use the following statement:)

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

(If subjects are students, include the following:)

Your decision to participate or not participate in this study will not affect your grade in any course. ***(See statement below about extra credit for exceptions.)***

(If participants will receive payment, extra credit, etc., you must include one of the following:)

You will receive _____ for taking part in this study. If you should have to quit before the study is through, the payment you receive will be based on the amount of time you were in the study.

OR You will not receive any payment or reward for taking part in this study.

OR You will receive _____ extra credit points for participating in this study. Equivalent alternative extra credit will be available for those who elect not to participate.

(You must address the costs to participants. If there are costs involved to subjects, state how much the costs are and when the money is due. If there are no costs to subjects, include the following:)

There are no costs associated with taking part in this study.

(Include the following paragraph to explain who will see the information from the study:)

Your information will be combined with information from other people taking part in the study. When the report of the study is written to share with other researchers, it will include combined information for all participants. You will not be identified in these written materials.

(If the study is anonymous, include the following:)

This study is anonymous. That means that no one, not even members of the research team, will know that the information you give came from you.

(If the study is not anonymous, include the following:)

The researchers will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

(Include the following about right to withdraw:)

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

The researchers conducting the study may need to take you off of the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of reasons.

(Include the following statement to provide contact information for questions that may arise:)

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, _____ at _____.

(Include a statement offering participants a summary of the study's results:)

Provide a mailing or e-mail address if you would like a copy of a summary of the study's results:

_____.

OR

A copy of the summarized results of the study will be available by request made to the primary investigator, _____.

(Include the following statement:)

You will be told if any new information is learned that may affect your condition or influence your willingness to continue taking part in this study.

_____

Signature of Participant **Date**

_____

Printed name of Participant