

Sample Informed Consent A: Confidential Research Study

1. Introduction

You are being asked to be a voluntary participant in the research project described below. Before agreeing to take part in this research study, it is important that you read this consent form so that you can make an informed decision. Please ask the study researcher or staff to explain any words or information that you do not clearly understand.

2. Why is this study being done?

The study is designed to help us understand {TOPIC}. Approximately {#} participants will be enrolling in this study at Pacific Union College, sponsored by the {DEPARTMENT NAME} under the supervision of Professor {PROFESSOR NAME}. If you decide to enroll in this study, your involvement will last about {#} minutes. You must be at least 18 years of age to participate in this study.

3. What is involved in the study?

If you agree to take part in this study, you will {GENERAL OUTLINE OF STUDY ACTIVITIES}.

4. What are the risks and discomforts of the study?

{USE ONE OR BOTH OF THE FOLLOWING STATEMENTS, AS APPROPRIATE. PLEASE NOTE THAT EVERY STUDY HAS SOME LEVEL OF RISK, SO IRB WILL EXPECT YOU TO IDENTIFY AND ACKNOWLEDGE THE RISK THAT ARE INHERENT IN YOUR STUDY}

There is minimal physical risk in this study. In this study, participants will be asked to {BRIEFLY DESCRIBE PROCEDURE THAT CONTAINS PHYSICAL RISK}. This has the possibility of causing soreness or unpleasant physical symptoms. If you experience unpleasant physical symptoms, resources are available at PUC Health Services: 707-965-6339.

There is minimal emotional risk in this study. In this study, participants will be asked to {BRIEFLY DESCRIBE PROCEDURE THAT CONTAINS EMOTIONAL RISK}. This may bring up some unpleasant emotions. If you experience distressing emotions, resources are available at the PUC Counseling Center: 707-965-7080.

5. What are the benefits of this study?

By participating in this study, you will help us find out more about {TOPIC}. If you are interested in the results of this study, please let us know. As a participant, you are entitled to receive a copy of the results upon request.

6. Will I be paid to participate or get any direct benefits for being in this study?

{DESCRIBE ANY DIRECT BENEFITS TO THE PARTICIPANT, IF RELEVANT}

7. What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

8. What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty. If you choose to take part, you have the right to stop at any time. However, we encourage you to talk to a member of the research group so that they know why you are leaving the study. The researchers may decide to stop your participation without your permission, if they think that being in the study may cause you harm, or if your behavior during the study is judged to be disruptive.

9. What about confidentiality?

Your part in this study is confidential. None of the records collected for this study will identify you by name, except this Informed Consent Form, which will be kept separate from all other records and linked only using a code number.

10. Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may email {STUDENT NAME} at {STUDENT EMAIL ADDRESS}.

If you have questions or concerns about your participation as a research subject, please contact {PROFESSOR NAME}, the PUC faculty member supervising this research, at {PROFESSOR EMAIL}. You may also contact Aimee Wyrick-Brownworth, Chair of the PUC Institutional Review Board at 707-965-6636 or irb@puc.edu.

11. Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary. I certify that I am at least 18 years of age and I choose to be in this study. I know I can stop being in this study without penalty. I know that I can get a copy of this consent form now upon request to the research staff, and I can get information on the results of the study later if I wish. My signature below indicates my consent to participation.

Name (Please Print)

Signature

Date