

Sample Consent Form

[Title of Study] Consent Form

You are invited to participate in a research study of [insert general statement about study]. You were selected as a possible participant because [explain how subject was identified]. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

Background Information: The purpose of this study is [explain research questions and purpose in lay language].

Procedures: If you agree to be in this study, we will ask you to do the following: [explain tasks and procedures; subjects should be told about length of time for participation, frequency of procedure, etc.]

Risks and Benefits of Being in the Study:

There is the risk of [risks must be explained, including the likelihood of the risk].

or

We do not anticipate any risks for you participating in this study, other than those encountered in day-to-day life.

The direct benefits to participating are [if no direct benefit to the subject, state that fact here].

and/or

Indirect benefits to participation are [explain how subjects might benefit; e.g. contribution to knowledge, etc.]

[Learning about how experiments are conducted, or having the "opportunity to interact with investigators" is **NOT** a benefit of participating in a study.]

Compensation:

If the subject will receive a cash or other incentive or extra credit in a class for participating, that should be listed here -- **NOT** under Benefits.

Voluntary Nature of Participation: Your decision whether or not to participate will not affect your current or future relations with Pitzer College [or with other cooperating entities]. [If questionnaire or survey, explain that subject may skip any questions they don't feel comfortable answering.] If you decide to participate, you are free to withdraw at any time without affecting those relationships. [Explain if monetary benefits will be adjusted due to early withdrawal.]

Confidentiality: The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records. [If tape recordings or videotapes are made, explain who will have access, how they will be kept secure, if they will be used for educational purposes like publications and/or presentations, and when they will be destroyed. If they are to be kept in perpetuity, explain that here as well.]

Contacts and Questions: The researcher(s) conducting this study are _____ and _____. Please ask any questions you have now. If you have questions later, you may contact them at [phone, mailing address, email address]. (If the researcher is a student, include advisor's name, telephone number, and email address.) If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Pitzer College Institutional Review Board at irb@pitzer.edu

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I am at least 18 years old and I consent to participate in the study.

Signature of Participant _____ Date _____

Signature of Principal Investigator: _____ Date _____

This consent form will be kept by the researcher for at least three years beyond the end of the study and was approved by the IRB on [date].