

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: Confidentiality...Research records will be kept in a locked file (or password-protected computer file or other secure location); 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.] Research records must be kept for at least 3 years after completion of project.

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].