Edit the sections of this template that are in red appropriately. Change wording in other parts of this document to suit your writing style, but you must retain the basic, required components. It is definitely to your advantage to make the document fit on one page.

**TITLE OF RESEARCH PROJECT**

**INFORMATION AND CONSENT FORM**

**Introduction:**

You are invited to participate in a research study investigating (state what is being studied). This study is being conducted by Principal Investigator’s Name, a graduate student in the College Name at Lipscomb University under the supervision of Advisor’s Name, a faculty member in the Department Name. You were selected as a possible participant in this research because (state how and why the subject was selected). Please read this form and ask questions before you agree to be in the study.

**Background Information:**

The purpose of this study is to (state what the study is designed to observe, measure, discover, or establish). Approximately XX people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to (In a step-by-step fashion, describe all steps and procedures you will follow, including their purposes, how long each step will take, and any repetitions.). This study will take approximately (indicate the length of time the subjects will be participating in the study. If the study has multiple parts, indicate the time expected time of each interval).

**Risks and Benefits:**

The study has several risks (instead of “several,” the word “minimal” may be used if that is the case for your study. NOTE: All studies have some level of risk. You CANNOT say that the study has NO risks, nor can you say that the study has “no known risks.” Studies of the lowest risk level are described has having a “minimal level of risk”). First, describe the most significant risk here. Second, describe any secondary risk here…(All risks must be described. Indicate the likelihood of the risk with words such as “highly likely,” “likely,” “very unlikely” etc. Describe discomforts and any inconveniences the subjects may reasonably expect. If the subjects will be told of significant physical or psychological risks to participation, they also must be told under what conditions the researcher will terminate the study.)

The benefits to participation are (Describe any benefits. If there are no direct benefits to the subjects, state "There are no direct benefits to you for participating in this research." If applicable, describe appropriate alternative procedures that might be to the subject's advantage, if any. Any standard treatment that is being withheld must be disclosed. This wording typically would be needed only for medical studies.)

**Compensation:**

If you participate, you will receive (Include payment or reimbursement information here. Explain when disbursement will occur and conditions of payment. Delete this section if it is not applicable).

(If this study involves a physically invasive procedure or an exercise component which may have even a slight risk of injury, you must include the following statement in the consent form. Omit this section if the study does not involve physical risk) In the event that this research activity results in an injury, we/I will assist you by (give an example of a potential problem/injury and describe how you will assist them). Any medical care for research-related injuries should be paid by you or your insurance company. If you think you have suffered a research-related injury, please let me/us know right away.

**Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. (If applicable, include ways in which you will maintain confidentiality, e.g. “No one in the daycare center will know your child’s results,” If you release information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure.)

We/I will keep the research results in an encrypted computer and locked file cabinet located in (state the general location e.g., “on campus”) and only I (or other researcher named in this form) and our/my advisor will have access to the records while we/I work on this project. We/I will finish analyzing the data by (specify the ending date of your research). We/I will then destroy all original reports and identifying information that can be linked back to you. (If photographs, audio or video recordings are made, explain who will have access to them, if they will be presented to others for educational purposes, and when they will be erased or destroyed. All multimedia data collected requires a separate multimedia release form. This form is available on Lipscomb’s IRB website).

**Voluntary Participation:**

Participation in this research study is voluntary. You are free to stop participating at any time. (Explain here if monetary benefits will be adjusted if the subject withdraws early). Your decision whether or not to participate will not affect your current or future relations with (the name of any other cooperating institution or) Lipscomb University in any way.

**New Information:**

If during course of this research study we/I learn about new findings that might influence your willingness to continue participating in the study, we/I will inform you of these findings. (This section is optional. Consult your advisor to decide if it applies to your study).

**Contacts and Questions:**

If you have any questions, please feel free to contact me, Principal Investigator Name, (or one of the researchers) at xxx-xxx-xxxx or xxxxx@lipscomb.edu (include a phone number and email address for each researcher). You may ask questions now or later and my faculty advisor, Faculty Advisor Name (phone number & email address), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. Justin Briggs. Chair of the Lipscomb University Institutional Review Board at jgbriggs@lipscomb.edu. (Be sure that you have a current copy of this template and that this contact information is up to date.)

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study. (If you are photographing, video- or audio-taping/recording your subjects, include a statement such as "and I agree to be videotaped” and have participants sign the multimedia release form available on Lipscomb’s IRB website)

For electronic informed consent forms, in lieu of a signature, requiring participants to acknowledge reading and understanding the parameters of informed consent is necessary. This can be done with an electronic signature, checkbox, or similar method of documentation.

|  |  |  |
| --- | --- | --- |
| Signature of Participant |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Parent, Legal Guardian, or Witness |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Researcher |  | Date |