**Sample Informed Consent for Adults– Use information from your protocol to write this document. Use language that will be understood by your target population. Add “Page 1 of \_\_\_”, etc., at the bottom of each page and “Participant’s initials\_\_\_\_” at the bottom of each non-signature page. *Explanatory information is on the left*.**

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| *Add this statement* | **(NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)** |
| *Use this heading* | **INFORMED CONSENT**  **for a Research Study entitled**  **“Title of Your Study”** |
| *Invite; describe purpose (from IRB Form; section: Project Overview; Question: 6) and inclusion criteria (from IRB Form; section: Participants; Questions: 15, 16)* | **You are invited** **to participate in a research study** to *\_\_\_\_(purpose and objectives)\_\_\_\_.* The study is being conducted by \_*(your name, title)*\_, under the direction of \_\_\_*(advisor, title)*\_\_ in the Methodist University Department of \_\_\_\_\_\_\_\_\_\_\_. You were selected as a possible participant because you are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and are age 18 or older. |
| *Briefly explain what will occur during the study (from IRB Form; section: Methods & Procedures; Question: 8)* | **What will be involved if you participate?** If you decide to participate in this research study, you will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your total time commitment will be approximately \_\_\_\_\_\_\_\_\_\_\_\_\_. |
| *Describe any foreseeable risks or discomforts and how they will be minimized*  *(from IRB Form; section: Participants; Questions: 18, 19)* | **Are there any risks or discomforts?** The risks associated with participating in this study are \_\_\_\_\_\_\_\_\_\_\_. To minimize these risks, we will \_\_\_\_\_\_\_\_\_. (*If medical treatment may be necessary, add the following:)* You are responsible for any costs associated with medical treatment. |
| *Use information from IRB Form; section: Security, Compensation and Confidentiality; Question: 24* | **Are there any benefits to yourself or others?** If you participate in this study, you can expect to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We/I cannot promise you that you will receive any or all of the benefits described. |
| *Information from IRB Form; section: Security, Compensation and Confidentiality; Question: 25* | **Will you receive compensation for participating?** To thank you for your time you will be offered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| *Use information from the protocol, if applicable* | **Are there any costs?** If you decide to participate, you will \_\_\_\_\_\_\_\_\_\_\_\_. |
| *If you will provide partial compensation after participant withdraws, include here* | **If you change your mind about participating,** you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Methodist University, the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| *Include this at the bottom of any non-signature page; add page numbers* | Participant’s initials \_\_\_\_\_\_ Page 1 of 2 |
| *Describe whether the data is anonymous or confidential, how it will be protected, and the extent to which it will be maintained.* | **Your privacy will be protected.** Any information obtained in connection with this study will remain anonymous (*or confidential*). Information obtained through your participation may be \_\_\_\_\_\_\_\_\_\_\_\_(*e.g. used to fulfill an educational requirement, published in a professional journal, presented at a professional meeting, etc*….) |
| *Include other information (alternative procedures, investigator’s right to terminate subject participation, etc.)* |  |
| *Include investigator’s and advisor’s contact info* | **If you have questions about this study,** *please ask them now or* contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A copy of this document will be given to you to keep. |
| *You must include this statement* | **If you have questions about your rights as a research participant,** you may contact the Methodist University Institutional Review Board by phone at (910)- 484-5415 or by e-mail at irb@methodist.edu. |
| *You must include this statement* | **HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.** |
| *Both the participant and the investigator sign at the same time* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant's signature Date Investigator obtaining consent Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name Printed Name |
| *If applicable, add these lines* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-Investigator Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |
| *Add page number* | Page 2 of 2 |