**Consent to Participate in Research**

***Information to Consider About this Research***

**[Title of Research Study]**

Principal Investigator:

Department:

Contact Information:

[Include name/contact for faculty advisor if PI is a student]

[If research is externally funded] This research is funded by:

**What is the purpose of this research?**

Include:

* What you hope to learn. Start with a simple and condensed background of the study topic. Remember that the language used throughout this form should be at the level of a 6th to 8th grade student .
* How you plan to use your findings (dissertation, conference presentation, etc.)

Example wording:

* You are invited to participate in a research study about…
* By conducting this study we hope to learn…
* The specific purpose of this study is to determine if…
* We plan to share the results of this study by…

**Why am I being invited to take part in this research?** *[OPTIONAL]* **Are there reasons I should not take part in this research?**

Include:

* All criteria that make a person eligible for the study
* How many participants are being recruited
* Any reasons a person should not participate in the study (exclusionary criteria). If there are no reasons why, remove the question in the section header.
* Any alternative procedures

Example wording:

* You are invited to participate because you are at least 18 years old with no history of…
* If you volunteer to take part in this study, you will be one of about X people to do so.

**What will I be asked to do?**

Include:

* The number of visits required
* The total estimated time commitment of the participant
* The procedures of the research, including:
	+ Any screening procedures/pre-study conditions (e.g., a screening questionnaire)
	+ Consider adding a table, graph or figure to clearly depict the research design and the timing of the procedures.
	+ Types of questions that will be asked during interviews/focus groups
	+ Any audiotaping, videotaping or photography
	+ Diaries that may need to be kept
	+ Whether participants’ regular service or treatment will change in any way

Example wording:

* The research procedures will be conducted at X in room X.
* You will need to come here X times during the study. Each of those visits will take about X minutes or X hours. The total amount of time you will be asked to volunteer for this study is X over the next X days.
* If you agree to be part of the research study, you will be asked to…

**What are possible harms or discomforts that I might experience during the research?**

Include:

* The level of risk of the research (e.g., minimal risk means the risks are the same as those encountered in daily life; more than minimal risk means that either the probability of harm or the magnitude of harm is greater than that encountered in daily life).
* Potential risks and discomforts, and if possible include the relative chance of occurrence and severity:
* Physical, psychological, and social risks/discomforts
* Information to be collected could be damaging to a participant’s financial standing, employability, or reputation, or place a participant’s at risk of criminal or civil liability if information is released outside of the research
* Potential for breach of confidentiality

Example wording:

* To the best of our knowledge, the risk of harm and discomfort from participating in this research study is no more than you would experience in everyday life.
* You may find some of the questions we ask (or some procedures we ask you to do) to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings.
* Some of the answers you provide may be very personal or indicate behavior which you do not want made public.

*[OPTIONAL]* **Are there any reasons you might remove me from the research?**

Include:

* Any reasons a participant might be removed from the research

Example wording:

* There may be reasons we will need to remove you from the study, even if you want to stay in. [List the reasons]
* If we learn that the potential benefits of this research do not outweigh the risks of your continued participation, we will [explain what will happen if the person is withdrawn from the study]**.**
* We may find that you are not coming for your study visits as scheduled and would ask you to drop out of the study.

**What are possible benefits of this research?**

Include:

* Direct or potential benefits to the participant (excluding compensation)
* If there are no benefits to the participant
* Any potential benefits to society as a result of the findings

Example wording:

* There may be no personal benefit from your participation but the information gained by doing this research may help others in the future.
* By participating in this research, you may benefit by…
* Other people who have [done the research procedures] have experienced [explain potential benefits the person may reasonably expect]. By participating in this research study, you may also experience these benefits.
* This research should help us learn more about whether [the experimental procedure], will help…

*[OPTIONAL]* **Will I be paid for taking part in the research?**

*Include:*

* The amount of compensation, if any
* Whether the payment will be made in whole (regardless of whether the participant completes the study) or be pro-rated by visit/procedures, etc.
* Reporting requirements for any compensation that exceeds $99

Example wording:

* We [will/ will not] pay you for the time you volunteer while being in this study.
* You will not be paid for your participation in this study. However, you can earn [up to] x ELC credits for your participation.  There are other research options and non-research options for obtaining extra credit.
* If compensation exceeds $99: Current University policy requires the collection of Social Security numbers if study compensation is more than $99 for a single study or $599 for participation in multiple studies in a calendar year.  Since the compensation for this study is more than $99, you will need to provide your address and Social Security number when you complete the form for payment.

*[OPTIONAL]* **What will it cost me to take part in this research?**

Include:

* Potential costs to the participant

Example wording:

* It will not cost you any money to be part of the research.
* You may need to pay to park near the site of the research.

**How will you keep my private information confidential?**

Include:

* If/how the data will be confidential or if data is anonymous (Note: Anonymous = you cannot determine the source of the data, Confidential = you can determine the source of the data at some point in the research.)
* The efforts made to protect the confidentiality of the information, such as: names are kept separate from information, replacing names with numbers
* If the research may involve situations where confidentiality cannot be guaranteed (e.g., duty to report child abuse, misconduct of licensed health care professionals), describe e.g., “Confidentiality will be protected to the full extent of the law.”
* How long data and identifying information will be kept
* Any future use of data -- if the information may be stripped of identifiers and used in future research

Example wording:

* This study is anonymous. That means that no one, not even members of the research team, will know that the information you gave came from you.
* Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about the combined information.
* You will not be identified in any published or presented materials.
* To ensure that your information is kept confidential, identification numbers but not names will be used on all documents.
* We will make every effort to prevent anyone who is not on the research team *[*and anyone else who will see the data e.g., (sponsor), etc.] from knowing that you gave us information or what that information is. Confidentiality will be protected to the full extent of the law.
* The information you provide to us will be stored X until X.
* You understand if you sign the authorization at the end of this consent form, photos may be taken during the study and used in scientific presentations of the research findings.

**Whom can I contact if I have a question?**

If I have questions about this research project, I can call *[the professor or researcher]* at *[(843) 349-number]* or the Coastal Carolina University Institutional Review Board Administrator at 843-349-2918 (days), through email at bruxanne@coastal.edu or at Coastal Carolina University, Office of Research Services, IRB Administrator, PO Box 261954, Conway, SC 29528-6054.

**Do I have to participate?**

Include:

* A statement that participation is voluntary
* The right of the participant to refuse to participate, or withdraw during the course of the study, without consequences

Example wording:

* Your participation in this research is completely voluntary. If you choose not to volunteer, there is no penalty or consequence. If you decide to take part in the study you can still decide at any time that you no longer want to participate. You will not lose any benefits or rights you would normally have if you do not participate in the study.

This research project has been approved on \_\_\_\_\_(date) by the Institutional Review Board (IRB) at Appalachian State University. This approval will expire on [Expiration Date] unless the IRB renews the approval of this research.

**I have decided I want to take part in this research. What should I do now?**

If you have read this form, had the opportunity to ask questions about the research and received satisfactory answers, and want to participate, then sign the consent form and keep a copy for your records.

Participant's Name (PRINT) Signature Date

*[If applicable]* **Photography and Video Recording Authorization**

With your permission, still pictures (photos) and/or video recordings taken during the study may be used in research presentations of the research findings. Please indicate whether or not you agree to having photos or videos used in research presentations by reviewing the authorization below and signing if you agree.

**Authorization**

I hereby release, discharge and agree to save harmless Coastal Carolina University, its successors, assigns, officers, employees or agents, any person(s) or corporation(s) for whom it might be acting, and any firm publishing and/or distributing any photograph or video footage produced as part of this research, in whole or in part, as a finished product, from and against any liability as a result of any distortion, blurring, alteration, visual or auditory illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the recording, processing, reproduction, publication or distribution of any photograph, videotape, or interview, even should the same subject me to ridicule, scandal, reproach, scorn or indignity. I hereby agree that the photographs and video footage may be used under the conditions stated herein without blurring my identifying characteristics.

Participant's Name (PRINT) Signature Date