

**Informed Consent Form**

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| **Title of Study:** | **[Insert Title]**  |
| **Principal Investigator:** | [Name, credentials, institutional affiliation; students must identify as student investigators]  |
| **Co-Investigator(s) or Faculty Advisor:** | [Name, credentials, institutional affiliation] [Place N/A if there are none] [Faculty advisor is the faculty overseeing a student investigator] |
| **Invitation to Participate and Description of the Project** |
| **You are invited to participate in a research study. The information in this document will help you decide whether to join the study.**  |
| **Key Information** |
| You are being asked to participate in this study because [state eligibility criteria, e.g., you are over 18 and meet certain study criteria]. This study involves [briefly describe what participants will do]. There are [no/minimal] risks, but potential risks include [list brief risks].There may/not be direct benefits to you, but this research aims to [explain purpose]. |
| **Voluntary Participation** |
| **Your participation in this study is entirely voluntary.** You may refuse to participate in this research. Such refusal will not have any negative consequences for you. If you begin to participate in the research, you may at any time, for any reason, discontinue your participation without any negative consequences |
| **Purpose of this Study** |
| [In one brief paragraph, in simple terms without technical jargon, explain the scientific reason for this study.]  |
| **Participants to Partake in the Study** |
| This study will include approximately [insert number] [participants who meet the following criteria: [state eligibility, e.g., age, gender, condition, etc.]. |
| **Study Procedures** |
|  [Begin with the expected duration of the study for the participant. This should include the amount of time, number of visits. Describe here in simple language, in order of events, exactly what will happen to the participants during this study. Include the location of events, description of interactions or activities, how data will be collected (survey, interview, etc.), explicitly state if procedures are standard or experimental, if applicable state if the procedures will be randomized and if they will include personal records and what those records are.]  |
| **Risks and Discomforts** |
|  [Describe any foreseeable risks including physical, psychological, legal or information. A statement on informational risk (breach of confidentiality) must be included if identifiable information is included. A statement on how the risks will be minimized should be included (for example an offer of counseling services or if they become ill because of the study what is in place to address this). For surveys or interviews a statement concerning the ability to skip items, or not answer any questions they do not want to, must be included. If risk is minimal, a statement as why this is should be included.] Although this study involves minimal risk, if you experience discomfort, you may stop at any time. Any data already collected will be used only if you consent. |
| **Benefits** |
|  There may not be any personal benefits in participating in this study. However, [Describe what the benefits may be to others from this knowledge or any possible direct benefits.]  |
| **Financial (or other) Considerations** |
| If applicable, describe any financial considerations, including risks, compensation, or incentives provided for participation. If there is no financial compensation or costs for participation, include: "There are no financial costs or direct benefits associated with participating in this study."If any individual or organization stands to benefit financially from this study, disclose this information. For example, if the researcher has an affiliation with an entity that could profit from the research results, this must be clearly stated.If there is no financial benefit to the researcher or institution, include: "Neither the researcher nor Keiser University will receive financial compensation for conducting this study."If participants are compensated, include the amount, method, and timing of payment: "If you are compensated, you will receive [insert amount] via [payment method] at [time of payment, e.g., study completion or per session]." |
| **Confidentiality and Protection of Information** |
|  [Describe confidentiality arrangements. If applicable: note confidentiality when presenting or publishing the results of the study. Describe how the information collected will be protected and disclose any data that will be linked to personal identifiable information.]Your responses will be kept confidential to the extent allowed by law. Research data will be securely stored for [X years] and accessible only to [who can access the data]. Any identifying information will be removed before publication or destroyed by [[date]. |
| **Other considerations and Questions** |
| Please feel free to ask any questions about anything that seems unclear to you and to consider this research and consent form carefully before you sign. [Research projects that include treatment or an intervention must include here a statement explaining what alternative plan or options there is if they should not want to participate in the study.] **Should you agree to participate in this study, you are free to withdraw from the study at any time. If your data has already been anonymized or included in published results, it may not be possible to remove it.** |
| **IRB Certification** |
| I understand that this research study has been reviewed and certified by the Institutional Review Board at Keiser University. For research-related problems, or questions regarding participants' rights, I can contact the Institutional Review Board through the IRB Chairperson at (954) 318-1620.  |
| **Authorization** |
| I understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. If I do not participate, there will be no penalty or loss of rights. Ican stop participating at any time, even after I have started. **I agree to participate in the study. My signature below also indicates that I have received a copy of this consent form.**  Participant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_  [If applicable, include the following signature line- if not delete: Signature of Person Obtaining Consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] If you have further questions about this research project, please contact the principal investigator, [name], at [(xxx) xxx-yyyy], e-mail: [insert email] or the research supervisor, [name], at [(xxx) xxx-yyyy], e-mail: [insert email] . If you have questions about your rights as a research participant or if you have a research related complaint, please contact The IRB Chairperson at: (954) 318-1620. The participant will be given one copy of this consent form. One copy of this form is to be kept by the investigator for the duration of the study. |

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