

Illinois Wesleyan University
Institutional Review Board ~ Informed Consent [Template]

[Use this template for your proposal submission. Attach this completed template to your completed form. The bolded text is suggested language and the bracketed information includes suggestions for information inclusion. Delete the bracketed information from your finished Consent Form. Remember to keep the language simple and your explanations concise.

[Insert title of study] **Informed Consent Form**

1. INTRODUCTION

You are invited to be a participant in a research study about [insert general statement about study]. **You were selected as a possible participant because** [explain how subject was identified]. **We ask that you read this document and ask any questions you may have before agreeing to be in the study. The study is being conducted by** [indicate College affiliation].

2. BACKGROUND

The purpose of this study is [explain research questions and purpose in lay language. Include some brief background information on research that has been done in the area].

3. DURATION

The length of time you will be involved with this study is [indicate the time that participants can be expected to be in the study].

4. PROCEDURES

If you agree to be in this study, we will ask you to do the following things: [Explain tasks and procedures from subject's point of view. What will he or she be expected to do? Be sure to explain how groups will be assigned (if applicable) and for survey research, indicate that not all questions have to be answered. Be sure all procedures are explained and terms defined at an eighth-grade level.]

5. RISKS/BENEFITS

This study has the following risks: [Honestly explain risks, hazards, or discomforts, including the likelihood of any identified risks].

The benefits of participation are: [Describe any benefits to the subject or others that

could be reasonably expected from the research. Describe any payment/inducement that the subject may receive].

6. CONFIDENTIALITY

The records of this study will be kept private. [Describe how records will be stored and who will have access to study records]. **In any sort of report that is published or presentation that is given, we will not include any information that will make it possible to identify a participant.**

7. VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate will not affect your current or future relations with Illinois Wesleyan University or any of its representatives. If you decide to participate in this study, you are free to withdraw from the study at any time without affecting those relationships.

8. CONTACTS AND QUESTIONS

The researcher(s) conducting this study is(are) [insert names of all investigators]. **You may ask any questions you have right now. If you have questions later, you may contact the researchers at** [include phone number of principal investigator].

If you have questions or concerns regarding this study and would like to speak with someone other than the researcher(s), you may contact Dr. [insert IRB chair's name], **Institutional Review Board Chair, Illinois Wesleyan University, 309-556-**[insert number], **email** [insert email].

9. COMPENSATION [This heading only needed for studies that have a risk of injury, such as physically invasive procedures.]

In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment, and follow-up care as needed. Care for such injuries will be billed in the ordinary manner, to you or your insurance company. [Indicate any additional information regarding sponsored research and the sponsor's responsibility for compensation related to injuries.]

10. STATEMENT OF CONSENT

You will be given a copy of this form to keep for your records.

The procedures of this study have been explained to me and my questions have been addressed. The information that I provide is confidential and will be used for

research purposes only. I understand that my participation is voluntary and that I may withdraw anytime without penalty. If I have any concerns about my experience in this study (e.g., that I was treated unfairly or felt unnecessarily threatened), I may contact the Chair of the Institutional Review Board or the Chair of the sponsoring department of this research regarding my concerns.

Participant

signature _____ **Date** _____

Signature of Parent/Guardian [if applicable]

_____ **Date** _____

Signature of Person Obtaining Consent

_____ **Date** _____