

Informed Consent

**Title of Project:** [Title of Project]

**Principal Investigators:** [Name], [Institution/University Affiliation]

[Name], [Institution/University Affiliation]

*Additional investigators/researchers are placed here*

**PI Contact Information:** [Phone]

[Email]

You are being asked to participate in a research study. The section below highlights key information about this research for you to consider when deciding whether or not you want to participate. Carefully consider this information and be advised that you have the right to ask questions about any aspect of the study you do not understand before you decide whether to participate.

Key Information Regarding This Study

* **Consent**. You are being asked to participate in a research study. It is your decision whether or not you choose to participate. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. There will be no penalty if you wish to discontinue participation. Consent to participate is voluntary.
* **What is the purpose of this study?** [*Provide participants with a clear and accurate statement of the scientific purpose and objectives of the research. Use lay terms. DO not repeat the study title.*]
* **Where will the study take place and how long will it last?** [*Describe where and when the research will be conducted and how much time will be required of the participant.]*
* **What will I be asked to do?** [*Describe the procedures to be used in the study in sequential order. If the research involves questionnaires, surveys or interviews, describe the type of questions that will be asked (or the topics covered)* *and be sure to add the following suggested statement:* “*You may skip any question you feel uncomfortable answering.”]*
* **What are the risks if I participate in this research?** [*Inform the participant of any risks (e.g. physical, emotional, social) as a result of study procedures.*  *If there are no known risks, then use the following suggested statement in this section: “We believe there are no known risks associated with this research study; however, a possible inconvenience may be the time it takes to complete the study.”]*
* **What are the benefits associated with participation in this research?** *[Describe any direct benefits to the participant that may be reasonably expected as a result of the research. Describe benefits expected to accrue to the population the participant represents or to society in general (e.g. advancement of knowledge, health benefits to others). If participants are not expected to directly benefit, then use the following suggested statement for this section: “You may not directly benefit from this research; however, we hope that your participation in the study may …(Describe societal benefits).”]*
* **How will my privacy and data confidentiality be protected?** [*In this section, explain in detail the specific procedures that will be used to protect the study records and subjects’ identity. Include a statement describing how electronic files and data will be secured, maintained, and disposed of.* ***Suggested statement:*** *“The following procedures will be used to protect the confidentiality of your study records. (Please describe all types of study records, including audio and video digital files, if applicable.) The researchers will keep all study records, including any codes to your data, in a secure location. (Describe location, such as a locked file cabinet.) Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. The master key and audiotapes will be destroyed (X) years after the close of the study (insert number of years; typically, it is six years if funded and three years if unfunded). All electronic files (include all the types of electronic files that are used, such as databases, spreadsheets, etc.) containing identifiable information will be password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. Only the members of the research staff will have access to the passwords. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations.” Describe any situations in which confidentiality cannot be guaranteed*.]

[*If study data is to be released, describe the person(s) or agency to whom information will be furnished, the nature of the information to be furnished, the purpose of the disclosure and whether the participant’s name will be used. This is particularly important for certain vulnerable populations including employees (management access to study data), student athletes (coaching staff access to study data)*.]

* **Will I receive payment for taking part in this study?** [*If participants will not receive payment, this section is not required. If payment will be given, describe any cash payment, gifts, raffle prizes, etc. to participants and the method by which compensation will be paid. Include conditions for partial payment or no payment for early termination. If using an online sample, indicate how payment will reach participants (MTurk, for example).*

*[For research studies that involve Roger Williams University students receiving extra credit, please describe the specific amount of extra credit participants can earn. Also include the following suggested statement: “If you are earning extra credits through your participation, please understand that this is not the only way to do so. You may contact your instructor who will offer you an appropriate alternative activity.” If students are completing the study as part of a course requirement, it must be stated here as well.*

* **What if I want to stop participating in this research?** *Taking part in this research study is your decision. You do not have to take part in this study, but if you do, you can stop at any time. You have the right to choose not to participate in any study activity or completely withdraw from continued participation at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your relationship with the researchers, [your professor or any other key individuals].*
* **Who can answer my questions about this research?** If you have questions or concerns about this study, contact the research team at:

|  |
| --- |
| [Insert Name of PI] |
| [Phone number that is answered/attended to regularly] |
| [Email that is answered/attended to regularly] |
|  |

The Roger Williams University Human Subjects Review Board (“HSRB”) is overseeing this research. An HSRB is a group of individuals who perform independent review of research studies to ensure that the rights and welfare of participants are protected. If you have questions about your rights or wish to speak with someone other than the research team, you may contact:

|  |
| --- |
| Becky L. Spritz, Ph. D.  Director, Human Subjects Review Board  Roger Williams University |
| Bristol, RI 02809  401 254-5738  [hsrb@rwu.edu](mailto:hsrb@rwu.edu) |

**STATEMENT OF CONSENT [paper and pencil study]**

I have had the opportunity to read and consider the information in this form. I have asked any questions necessary to form a decision about my participation. I understand that I can ask additional questions throughout my participation.

I understand that by signing below, I am at least 18 years of age and I volunteer to participate in this research. I understand that if requested, I will be provided with a copy of this consent form.

I consent to participate in this study.

Name of Adult Participant Signature of Adult Participant Date

**Researcher Signature** (to be completed at time of informed consent)

I have explained the research to the participant and answered all of the participant’s questions. I believe that the participant understands the information described in this consent form and freely consents to participate.

Name of Research Team Member Signature of Research Team Member Date

**STATEMENT OF CONSENT [online study]**

I have had the opportunity to read and consider the information in this form**.** By clicking “I agree” below I am indicating that I am at least 18 years old, have read and understood this consent form, and agree to participate in this research study voluntarily. I understand that I can withdraw from the study at any time, without any penalty or consequences.

If I have any questions, or would like a copy of this consent letter, I can contact the Principal Investigator at *[include PI contact information here].*  

I Do Not Agree

I Agree