IRB Informed Consent Form
(ECC institutional research being conducted by students and/or staff)

Please read this consent document carefully before you decide to participate in this study.

Study Title: Indicate your study title here

Purpose of the research study: Indicate the purpose of your study here

What you will be asked to do in the study: Indicate data collection method, the type of instrument that the participant(s) will be asked to complete and the duration to complete same.

Risks and Benefits: Indicate whether there is minimal, medium or high risk associated with participation in this study and any benefits from participation in this study.

Compensation: Indicate whether there will be compensation provided for participation.

Anonymity & Confidentiality: Indicate how participants' identity, identifying information and research data will be kept confidential and anonymous.

Voluntary participation: Outline that participant's participation will be voluntary.

Right to withdraw from the study: Outline that participants have the right to withdraw from the study at anytime without consequence.

Whom to contact if you have questions about the study:

Name of Researcher, (name of department), (physical address), (phone numbers) (email address)

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Whom to contact about your rights as a research participant in the study: ECCIRB, Institutional Address & Phone number.

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure, and I have received a copy of this description for my information.

Study Participant: _____ Date: _____

Interviewer: _____ Date: _____