Consent to Participate in a Research Study
[Written Template - Download & Edit]

Project Details

You are invited to participate in a research study titled, "[title]", conducted by [name of PI] at St. Edward's University, [departmental affiliation]. [If applicable:] This research is under the supervision of Dr. [faculty advisor name]. The purpose of the study is to understand [briefly state your project goals].

In order to participate, you must be at least 18 years old and [fill in additional eligibility criteria].

If you agree to take part in this study, you will [do what?]. We expect this to take [approximately how long?].

[*If the study is **federally** funded, include this sentence. Otherwise, delete:*]
This study is being funded by [enter federal agency], which requires that data be analyzed for [describe the analysis criteria].

What are the risks and benefits?

[Explain all potential risks here. Otherwise:] We believe there are minimal risks from participating in this study.

[Explain if there is remuneration (gift card, raffle, etc.) AND/OR extra credit opportunity from SEU faculty. How much remuneration and from where? If there are no incentives:] Although you might not directly benefit from being in this study, others might benefit by increasing our understanding of [how will this study benefit your field?].

[If applicable, explain how the remuneration will be distributed fairly and without risk. AND/OR explain the process to claim extra credit.]

Should you feel any distress during or after completing the study, you are encouraged to contact [insert name and contact information of at least one (1) appropriate, free, mental health resource.] ***Click here for a list of IRB suggested resources**.

How will my information be protected?

[If some or all data is anonymous:] ____ [Indicate which measures are anonymous] will be anonymous and no personally-identifiable information will be collected. The researcher will not be able to connect you to any responses.

[If some or all data is confidential:] Any personally-identifiable information collected about you will be carefully protected and disclosed only with your permission or as required by law. [If there is a need to de-identify data:] You will be assigned [a random number or other qualifier?] to de-identify your data. The researcher will use that qualifier for reporting purposes, so that your personal information is not connected to the results.

[If AI will be handling data, briefly explain what AI tool will be used, the purpose for using the tool, and how the data will be protected. (i.e. will subjects' personally-identifying information be removed or anonymized prior to the AI tool?)]

Research data will be securely stored in a [explain storage method(s) and levels/types of security]. We plan to [how will you share the results of this study? publish or present at conferences, etc?]. No information that could directly identify you or your organization will be presented in the final results. [Explain who will have access to the data:] Data access will be restricted to the [researcher or research team] only.

After the study is over, the [digital? hard copies?] data will be kept [for how long? The IRB requires at least three (3) years for research data retention] in a [where? password-protected/de-identified folder? which SEU cloud server?].

Is this voluntary?

Your participation in this study is completely voluntary. You may stop your participation at any time, without penalty. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, simply [leave the room? notify the researcher? exit the interview? etc.] and your data will be discarded.

What if I have questions?

If you have questions about this research project, contact:

- Principal Investigator: [Full name], [Email address]
- [If applicable:] Faculty Advisor: [Full name], [Academic Title], [Email address]

If you wish to discuss concerns about this study with someone other than the researcher(s), please contact the St. Edward's University Institutional Review Board at IRB@stedwards.edu.

[Use ONE of the following sentences:]

This study has been approved as Exempt research by the St. Edward's University IRB.

OR

This research study has been approved by the St. Edward's University IRB, Protocol ID # _____.

You will be offered a copy of this form to keep.

Statement of consent

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

I also certify that by signing this form, I am at least 18 years of age.

Printed Name: _____ **Date:** _____

Signature: _____