Brenau University
1878

Institutional Review Board

[Directions: All parts of the consent form should be completed. Do not delete or add sections to the consent form template. Black text indicates required language or sections. Red, italicized text indicates directions and should be deleted before submission. This consent template has been adapted from Northeastern University.]

Signed Informed Consent

Title of Project:
Principal Investigator(s):
Principal Investigator Contact Information:

Researcher's Statement
I am/We are inviting you to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what will be asked of you. This form is designed to give you the information about the study so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the study or not. A copy of this form will be given to you.

Key Information *No more than a sentence or 2 for each bullet point. Use lay language.*

- Your consent is being sought for participation in a research study and your participation is voluntary.
- The purpose of the research is……
- The anticipated amount of time for participation is……
- You will be asked to complete… *(bulleted synopsis)*
- The foreseeable risks include…
- The potential benefits include…

Why am I being asked to take part in this study?
I am/We are asking you to be in this study because you are…
Tell why the person is being asked to participate in the study.

Why is this study being done?
We are doing this study to learn about…
State the purpose of the study in lay language.

What will I be asked to do?
If you decide to take part in this study, we will ask you to…
Describe all the tasks that a person will be asked to complete. Provide essential details and use lay language.

Where will this take place and how much of my time will it take?

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Tell the location of each part of the study and how long each part will take.

Will there be any risk or discomfort to me?
Identify any risks or discomforts that the participant may experience. Explain how you will minimize risks or discomforts. If there is no foreseeable risk or discomfort, state that and explain why.

Will I benefit by being in this study?
Describe any benefits for participation in the study. If there is no direct benefit, state that.

Who will see the information about me?
If the participant's identity will be anonymous:
Your identity in this study will not be known. This means that no one, including the researchers, will know the answers you give.

If the participant's identity will be confidential:
Your part in this study will be confidential. Only the researchers on this study will see the information about you. No reports or publications will use information that can identify you in any way or any individual as being of this project.

Describe the procedures used to protect personal information, such as password protecting, coding, how data will be maintained, how long data will be retained, and how data will be destroyed. Any use of audiotapes or videotapes are considered confidential and need to be explicitly addressed.

Describe any limits to confidentiality, such as legal reporting requirements, if applicable.

If I do not want to take part in the study, what choices do I have?
You do not have to take part in the study. Your participation is voluntary.

Can I stop my participation in this study?
Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may withdraw and quit at any time. *Include one of these statements:* Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is complete, your data, if identifiable, will be returned to you or destroyed OR any collected data will be retained and analyzed in the results of the study.

What will happen if I suffer any harm from this research?
Describe any physical, psychological, social, financial, or other potential risks from the research. Explain steps to mitigate risks.

Will I be paid to be in this study?
If participants will be paid or given a gift, state the amount and when it will be given.

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Will it cost me anything to be in this study?
State any costs that may be incurred by the participant, such as parking.

Is there anything else I need to know?
Include any pertinent information that may not be stated elsewhere, such as age requirements, inclusion/exclusion criteria, and sponsorships or partnerships.

Who can I contact if I have questions or problems?
If you have any questions about this study, please contact _____, the person mainly responsible for the research. You can also contact _____, the Principal Investigator.

Who can I contact about my rights as a participant?
If you have questions or concerns about participation in this study, contact the Brenau University Institutional Review Board by phone at (678)707-5029 or via email at irb@brenau.edu.

This study has been reviewed and approved by the Brenau University Institutional Review Board.

By signing below, I agree to take part in this research and affirm that I am at least 18 years of age.

_____ _____
Signature of person agreeing to take part **Date**

_____
Printed name of person above

_____ _____
Signature of person who explained the study to the participant above and obtained consent **Date**

_____
Printed name of person above

If applicable, include the following:

Audio/Video Recording
Please provide initials below if you agree to be recorded or not. You may still participate in this study even if you are not willing to have the interview recorded.

_____ I am willing to be recorded.
_____ I do not want to be recorded.

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Photography
Please indicate below if you agree to be photographed or not. You may still participate in this study even if you are not willing to have photographs taken.

_____ I am willing to be photographed.
_____ I do not want to be photographed.

Follow-up and Future Research Studies
Please indicate below if you agree to be contacted for follow-up or for future studies or not. You may still participate in this study even if you are not willing to be contacted in the future.

_____ I am willing to be contacted for follow-up or future research studies.

_____
Contact Information (email or phone)

_____ I do not want to be contacted for follow-up or future research studies.

If applicable, for GME use only:

Use of Data for Future Research Studies
Please indicate below if you agree for your data to be stored in a secure database and used in future research studies or shared with other researchers without your additional informed consent. Any shared data would be deidentified and not include your name.

_____ I am willing for my data to be retained and used in future research studies. I understand that once my deidentified data has been shared, it may not be possible to limit the use of my data.

_____ I do not want my data retained and used in future research studies. My data will be deleted or destroyed as outlined in the consent form.