The format may be modified and/or expanded, but the consent form should contain the elements included below, including the following heading. Please use language which the average lay person is likely to understand or which is appropriate for the age of the subject.

University of North Carolina at Asheville
Informed Consent for Participation in [Title of Study]
[Mame(s) of Investigator(s)]

Introduction

- You are being asked to be in a research study of [*insert general statement about study*].
- You were selected as a possible participant because [*explain how subject was identified, include any exclusionary criteria*].
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of this study is [*explain research question and purpose in lay language*].
- Participants in this study are from [*state what area(s) they are from*] OR The total number of subjects is expected to be [*insert number*].

*****Please note if the responsible investigator and/or other members of the research team have a significant financial interest in [*choose one: the sponsor of this research OR the product being investigated in this study OR other appropriate statement*].

Description of Study Procedures

- If you agree to be in this study, we would ask you to do the following things: [*explain procedures and tasks; identify any procedures that are experimental; describe length of time for participation, frequency and duration of procedures; etc*.]
- *If audio or video recordings take place, make sure to clearly state this.*

Risks to Being in Study

- The study has the following risks. First, [*explain first risk, including the likelihood of the risk*]. Second, [*explain second risk, including the likelihood of the risk*]. Third, …
- [*If there are no foreseeable risks, state as such*] There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

Benefits of Being in Study

- The benefits of participation are [*explain benefits of participation that will be gained by the participants and/or others*].
- [*If there are no expected benefits, state as such.]*

Payments

- You will receive the following payment/reimbursement: [*explain amount of payment or other reimbursement information (e.g., class points, tokens, donations, etc.), as well as when payment and/or reimbursement will occur*].If there will be no payment, state this.

Costs

- There is no cost to you to participate in this research study.

Confidentiality

- The records of this study will be kept private. In any sort of report we may publish, we will not include any information that will make it possible to identify a participant. Research records will be kept in a locked file. Access to the records will be limited to the researchers; however, please note that sponsors, funding agencies, regulatory agencies, and the Institutional Review Board may review the research records.
- [*If audio or video tape recordings are made, explain specifically who will have access to them, if they will be used for educational purposes, and when they will be erased/destroyed.]*

Voluntary Participation/Withdrawal

- Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the University [*or with other institutions (insert name)].*
- You are free to withdraw at any time, for whatever reason.
- There is no penalty or loss of benefits for not taking part or for stopping your participation. [*For studies with students, state that the subject does not jeopardize grades nor risk loss of present or future faculty/school/University relationships* [*Explain any consequences (e.g., adjusted monetary benefits) due to early withdrawal*.]

Contacts and Questions

- The researchers conducting this study are [*insert name(s) of investigators, including the PI*]. For questions or more information concerning this research you may contact her/him/them at [*telephone number or other way to contact person*].
- If you believe you may have suffered a research related injury, contact [*specify name, usually researcher*] at [*telephone number*] who will give you further instructions.
- If you have any questions about your rights as a research subject, you may contact the UNC Asheville Institutional Review Board at 828.251.6827 or irb@unca.edu.

Copy of Consent Form

- You will be given a copy of this form to keep for your records and future reference.

Statement of Consent

- I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received (or will receive) a copy of this form.

Signatures/Dates

- Participant Consent

(Print Name) : _____

(Signature): _____ Date _____

For studies recording identifiable images-
Please initial your agreement:
Video data MAY be used for educational purposes _____
Video data may NOT be used for educational purposes _____ Date _____