

## Andrews University

### INFORMED CONSENT FORM

*Instructions: This is a consent form template. It is meant to guide you through the various elements of informed consent. The language provided here is not required and researchers should modify it such that it is appropriate for their study and their study participants. Please provide information in the sections below, replacing italicized directions/guidance (in red font color) with the appropriate information about your research protocol. If any sections do not apply to the research you will be conducting, delete those sections from the form.*

**Research Title:** *Research Title here.*

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

**Principal Investigator:** *Include Co-investigators as applicable.*

**Research Advisor:**

**Statements about the Research:**

This research study is part of my \_\_\_\_\_ project, in partial fulfillment for my \_\_\_\_\_ in \_\_\_\_\_, at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

**Purpose of Study:** The purpose of this research is to \_\_\_\_\_.

**Procedures:** *Explain in simple non-scientific language what will be happening to the participant or what s/he will be asked to do during the study. Describe the participant's time commitment for each component. All procedures listed in the IRB application and funding proposal (as applicable) should be described here, and experimental procedures (e.g., interventions, manipulations, treatments) should be specifically noted.*

**Duration of participation in study:** *Explain how long it will take a subject to participate in your study procedures.*

**Risks and Benefits:** *In simple non-scientific language, describe any reasonably foreseeable risks or discomforts:*

- *Emotional risks (e.g., feelings of sadness or anxiety)*
- *Social or economic risks (e.g., loss of confidentiality; effects to financial standing, employability, or insurability)*
- *Legal risks (e.g., possibility of discovering activities that may require reporting to authorities, possibility of being arrested)*
- *Physical risks (e.g., nausea, muscle aches, rashes, infection, discomforts, etc.)*

*If there are no known risks, state: I/We do not anticipate any risks from participating in this research.*

*For research which may involve more than minimal risk of injury the subject should be informed of the following statement which must appear in the consent form: (to be modified for off-campus research). "In the unlikely event of injury resulting from this research, Andrews University is not able to offer financial compensation nor to absorb the costs of medical treatment. However, assistance will be provided to research subjects in obtaining emergency treatment and professional services that are available to the community generally at nearby facilities. My signature below acknowledges my consent to voluntarily participate in this research project. Such participation does not release the investigator(s), sponsor(s) or granting agency/agencies from their professional and ethical responsibility to me."*

**Voluntary Participation:** Participation in this study is completely voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you may otherwise be entitled.

#### **Privacy/Confidentiality/Data Security**

*Briefly explain how you will protect the participant's privacy and/or confidentiality.*

- De-identification of data: If you will de-identify data, or keep identifying information separate from research data (e.g. signed consent forms will be kept separate from the survey data and that the two will not be connected) clearly state so.*
- or if you plan to keep identifying information with the data, state this here*
- Or if you are not planning to collect any identifying information at all (as in anonymous surveys) state so.*
- Physical security of data/research files*
- Who will have access to identifying information*
- How will sensitive data be kept secure in an electronic environment*

*For research that involves Internet-based surveys, include the following statement when using Qualtrics:*

We anticipate that your participation in this survey presents no greater risk than everyday use of the internet.

**Confidentiality:** Your identity will be kept confidential to the extent of the law. There will be nothing linking you to the study. None of your identifiers, if any, will be used in any report or publication.

**Whom to Contact:** If you have any questions about your rights as a subject/participant in this research, contact my advisor \_\_\_\_\_ (name) \_\_\_\_\_ (telephone), \_\_\_\_\_ (email); or researcher \_\_\_\_\_ (name), \_\_\_\_\_ (telephone), \_\_\_\_\_ (email). You can also contact the IRB Office at [irb@andrews.edu](mailto:irb@andrews.edu) or at (269) 471-6361.

**Statement of Consent** (*Signed consent is not necessary in all situations, and will not be possible if your study is anonymous. If you think that signatures will jeopardize your research or not possible or practical, please describe, in your IRB application how you plan to document consent. For an online experiment asking participants to click on an "I approve" box should be sufficient.*)

I have read the above information, and have received answers to any questions I asked. I Consent to take part in the study.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature of person obtaining consent: \_\_\_\_\_ Date \_\_\_\_\_

Printed name of person obtaining consent: \_\_\_\_\_ Date \_\_\_\_\_