**Consent Form Template**

* *This template is appropriate for obtaining the consent of mentally competent adult participants. These instructions and other italicized text in this template should not be included in your completed consent form.*
* *The text provided in this template can be modified to suit your study, provided that the required elements of informed consent are still properly presented.*
* *Use the consent form checklist to see whether any additional information is needed. This checklist can be found on the HSC website, near where you found this document.*
* *If your completed consent form is longer than 4 pages or 2,000 words (whichever is less), then you must include a Key Information Cover Sheet. A template for the cover sheet is also available on the HSC website.*
* ***Delete these bullet points and other italicized material (below) before submitting this to the IRB.***

**Research Consent Form**[*If you are using more than one consent form, give each one a subtitle indicating its use (e.g., “Pilot Study,” “Meridian Participants,” “Phase 1,” etc.)*]

**Purpose:**

You are being asked to volunteer in a research study.  
Your participation is completely voluntary.  
Please read the information below to help you decide  
whether to participate. Please ask questions about any of   
the information you do not understand before making your decision.

[*Principal investigator’s name*] at Idaho State University is/are conducting a study on [*brief description of the issue. E.g., “… study on how adults learn a second language” or, “… study on the relationship between sleep habits and problem solving”*]. The purpose of the research is [*state the research question briefly and clearly. E.g., “The purpose of the research is to evaluate a new way of measuring how people react to stress” or, “The purpose of the research is to see whether an exercise program changes people’s sleep habits”*].

You are being asked to participate because [*brief description of subject selection. E.g., “… because you have type 2 diabetes” or, “because you are an adult who often speaks Spanish at home”*]. You are one of [*insert if appropriate:* approximately] \_\_\_\_ people to take part in this study.

**Who is doing this study?**

[*Provide the name & contact info (usually an email address) of the principal investigator. Identify the investigator’s institutional affiliation*.]

**What you would be asked to do:**

[*Present a clear, step-by-step description of what participants will do.*

* *Avoid technical language. The names of questionnaires or procedures are often unnecessary. Focus on what sort of things participants will be asked to do.*
* *Keep the reading level low. A 6th-grade reading level is a good target.*
* *Use bullet points or other means to avoid big blocks of text.*
* *Feel free to use diagrams, time lines, flow charts, photos, etc. to make things clear to potential participants.*
* *If any of the procedures, devices, or substances involved are investigational, make that clear.*

**How long will participation take?**

[*Provide a realistic estimate of the time required. If there will be rest breaks, explain. If there are multiple sessions, make the schedule clear. Provide an estimated time required for each of these sessions*. *Use time tables or time lines as appropriate to make this clear.*]

**When and where will research activities take place?**

[*Provide clear dates, times, and addresses. A map might be helpful if your subjects are unlikely to be familiar with the study site. If parking involves fees or special passes, explain.*]

**Will being in this study help you?**

* *Do not discuss or describe payments to participants in this section. That has its own section (below).*
* *If participants will not benefit directly from the research procedures, say this:* You should not expect to benefit from being in this study*.*

*If some individual benefits are likely, say*:We cannot promise any benefits from your taking part in this research. However, possible benefits include [*describe any ways in which participants could benefit directly from the research procedures. Don’t make unsupported assumptions about benefits.*]

* *Address only the benefits arising from the research procedures themselves.*
* *If your consent form has a Key Information cover sheet (see above) and the benefits are all described there, you may omit this section in the main body of the consent document.*
* *If others might benefit from this study, explain how. Again, don’t make unwarranted assumptions or unsupported claims.*

**Is there any way being in this study could be bad for you?**

*Describe the risks and discomforts of participation – don’t just name them). These should cover all the risks/discomforts listed in the submission to the IRB.*

* *Address only the risks from the research procedures themselves. E.g., if you are interviewing people who participate in hang gliding, describe the risks of the interview (possible breach of confidentiality, etc.), not those of hang gliding.*
* *Include all categories of risk (psychological, physical, privacy, legal, social, economic, group). Describe the probability and magnitude of each risk.*

*If investigators would report any child or elder abuse, criminal activity, infectious disease, etc. to authorities, then explain that.*

*For studies that involve depression, PTSD, or other serious mental health issues, explain any monitoring or other measures to identify and respond to problems during the study. Provide contact information for those who want further support, treatment, etc. This could be a list of local resources or providers who could provide assistance to those who are in crisis.*

**Will you be compensated for participating in this study?**

*If you WILL NOT be compensating participants, say:* You will not be paid for participating in this study.

*If participants WILL receive anything of value, describe it. If payment will be made, explain whether it will be cash/check/gift card, and whether it will be given immediately upon completion or sent later.*

* + *Make clear how incomplete participation will be compensated.*
  + *Explain whether the researchers will reimburse participants for any expenses incurred as part of their study participation. (e.g., meals, parking, lab tests) If participants need to provide receipts or other documentation, make that clear.*
  + *If you will be collecting participants’ names or other information for tax purposes or other financial records, explain this.*

**Who will see your information?**

We will protect the information we collect for this study, but we cannot guarantee complete secrecy. The only people who will see your [*answers, information, etc.*] will be the people who work on the study and those legally required to supervise our study. [*If the study sponsor or others will have access to data, state that here.*]

* Your [*add as appropriate: survey answers, health information, etc.*] and a copy of this document will be locked in our files.
* [*Describe the steps take to protect a participant’s confidentiality, including who will have access to the data, how long the data/specimens will be retained, and the plan to destroy the data, if applicable. Other individuals and organizations to name in this statement would include parties such as faculty advisors, collaborating institutions/organizations, state or federal agencies, sponsors, etc.*]
* Despite taking steps to protect your privacy, we can never fully guarantee your privacy will be protected. If you tell us something that makes us believe that you or others have been or may be physically harmed, we may report that information to the appropriate agencies.
* [*Insert if applicable:*] The results of the study may be published or presented at a professional conference. We will take measures to protect your privacy and confidentiality as described below. Your name and any other information that could identify you will not be included.
* Individuals and organizations responsible for conducting or monitoring this research may be permitted access to and inspect the research records. This includes Idaho State University’s Human Subjects Committee. [*Add any other agencies or individuals that have authority to view the data.*]

**What if you say “Yes” but change your mind later?**

You can stop your participation in this study at any time and it will not be held against you. You will not be penalized. Your relationship with [*insert as appropriate: Idaho State University, your doctor, etc.*] will not change.

* If you decide to stop participating in this study, contact the investigator. [*Describe any procedures for participant withdrawal from participation.*]
* [*If there are potential consequences for withdrawing from participation, describe them.*]
* [*Describe what will be done with any data collected up to the point of withdrawal. Can participants ask to have it destroyed?*]
* [*If participants will be asked to explain why they stopped, say so.*]

**What if you do not want to be in this research?**

Your participation in this study is completely voluntary. If you do not want to take part it in, do not sign this consent form.

If you decide not to be in this study, there will be no negative consequences for you. You will not lose any services or privileges you are otherwise entitled to.

**Who can you talk to?**

If you have questions, concerns, or complaints, or think the research has affected you in some way, talk to the research team at [*provide contact information for the research team*].

If you have questions about your rights as a research subject, or if you have concerns about how this research is being conducted, you may talk to Idaho State University’s Human Subjects Committee. You can call them at 208-282-2179, or email them at [humsubj@isu.edu](mailto:humsubj@isu.edu).

**What should you do if you want to be in the study?**

You indicate your decision to participate in this research by signing this document. We will give you a copy of this document to keep.

By signing this document, you are saying:

* You agree to be in the study.
* We talked with you about the information in this document and answered all your questions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Your Signature Date

[*When appropriate, add the following lines:*]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of person obtaining consent

[*If a witness will observe the consent process and sign the consent document, include the following:*]

My signature below documents that the information in the consent document and any other written and oral information was accurately explained to, and apparently understood by, the participant, and the participant freely gave that consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of witness

[*Not all consent forms need to be signed. When signed consent is not required, omit the signature section of this form. Check the HSC guidelines for details, or contact the HSC chair to discuss your situation.*]