**VIII. Model for Consent Form**

## 1. Statement of purpose

You are invited to participate in a study of [give title or brief description]. We hope to learn [briefly describe area or purpose of study]. You were selected as a possible participant in this study because [give elements of selection criteria; this should connect to purpose of study].

**2. Description, Including Risks and Benefits**

If you decide to participate, we will conduct an experiment involving the following procedures: [Describe the procedures to be followed, including their purposes, how long they will take, and their frequency. Describe any discomforts or inconveniences reasonably to be expected. Describe any risks reasonably to be expected, and any expected benefits to the participants.]

**3. Alternative Procedures (optional)**

[If applicable, describe appropriate alternative procedures that might be advantageous to the participant, if any.]

**4. Confidentiality**

Any information obtained in connection with this study will remain confidential and will not be disclosed to the general public in a way that can be traced to you. In any written reports or publications, no participant other than the researchers will be identified, and only anonymous data will be presented. [If you will be releasing raw data to anyone for any reason, state the persons or agencies to whom the information will be furnished, the nature of the information, the purpose of the disclosure, and their agreement to similar confidentiality.]

This consent form, with your signature, will be stored separately and independently from the data collected so that your responses will not be identifiable.

**5. Compensation and Costs (optional)**

[If the participant will receive compensation, describe the amount or nature. If there is a strong possibility of additional costs to the participant because of participation, describe them. If there is a significant chance for a research-related physical injury, information as to the medical treatment and compensation available should be included.]

**6. Statement that Participation Is Voluntary**

Your participation is totally voluntary, and your decision whether or not to participate will not affect your future relations with Bryant University or its employees in any way. If you decide to participate, you are also free to discontinue participation at any time without affecting such relationships. However, it is requested that you notify the investigator of this.

## 7. Persons to Contact

If you have any questions, please contact [Name(s), phone number, e-mail]. If you have any additional questions later, we will be happy to answer them. You can have a copy of this form to keep.

## 8. Signature Indicating Informed Consent

Please sign below if you have decided to participate. Your signature indicates only that you are at least 18 years of age and have read the information provided above. Your signature does not obligate you to participate, and you may withdraw from the study at any time without consequences.

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| --- | --- |
| Signature of Participant | Date |
| Signature of Parent or Legal Guardian (This line should only appear on forms that will be given to participants who are less than 18 years of age.) | Date |
| Signature of Health Care Provider (This line should appear only when research involves participants who are under the care of such a person, and when the condition requiring care may interact with the research procedures.) | Date |
| Signature of Principal Investigator | Date |