



INFORMED CONSENT (Specify type. If more than one consent form is used, then dictate who this specific form is for.)

Department of (Your Department Name Here)

- Include ALL topic headings.
- Use language appropriate for your target audience.
- Keep language as simple as possible (no higher than 8th grade reading level in most cases). Shorter sentences help with keeping the level of language down.
- Form must be written in the second person

TITLE OF STUDY: *This should match the title listed on the Protocol Proposal Form*

INVESTIGATOR(S): *Must include the PI at minimum*

For questions or concerns about the study, you may contact (name should include the PI at minimum) at 702-895-XXXX (UNLV phone number) It is suggested that you use a local number, but do not use personal/home phone number.

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact the **UNLV Office of Research Integrity – Human Subjects** at 702-895-2794, toll free at 877-895-2794, or via email at IRB@unlv.edu.

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is ...
(Provide an explanation of the purpose of the research study. This should be similar if not the same as the purpose listed in the Protocol Proposal Form.)

Participants

You are being asked to participate in the study because you fit this criteria: ...
(Tell the participants exactly why they are being asked to participate in the research study. This section should contain inclusion/exclusion criteria as stated in the “Research Subjects” section of the Protocol Form. This will aid the study subject in deciding if they meet these criteria.)

Procedures

If you volunteer to participate in this study, you will be asked to do the following:
(Provide a detailed description of what participants will be doing in the study. If there are multiple days or multiple steps in the study, it is helpful to be bulleted or presented in a list with the amount of time included for the various days’ involvement.)

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Benefits of Participation

There *may/may not* (Choose one) be direct benefits to you as a participant in this study. (Benefits cannot be guaranteed in a research study. As an example, state: “There may be no direct benefits to you as a participant in this study. However, we hope to learn...” Do not include payment, incentives, or compensation as a benefit. If there *may be* benefits, please state what those benefits are. This should match the “Benefits” section of the Protocol Proposal Form. Remember to include societal benefits here as well.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. (State the level of anticipated risks i.e., you may become uncomfortable when answering some questions or you may become tired after walking on the treadmill.) This should match the “Risks” section of the Protocol Proposal Form.

Cost /Compensation

There *will/will not* (Choose one. If you choose “will,” please describe the financial cost involved. This should match what is listed in the “Financial Information” section of the Protocol Proposal Form.) be financial cost to you to participate in this study. The study will take (Detail the minutes/hours/days it will cost the participant. This should match what you listed in the “Time Cost to Subjects” section of the Protocol Proposal Form.) of your time. You *will/will not* (Choose one. If you choose “will,” please describe the compensation. Also please detail what will happen to the compensation if the subject does not complete the study.) be compensated for your time. If there is compensation, then the compensation listed here should match what is listed in the “Financial Information” section of the Protocol Proposal Form. (Keep the following phrase if the research may be more than minimal risk or includes research treatment.) *The University of Nevada, Las Vegas may not provide compensation or free medical care for an unanticipated injury sustained as a result of participating in this research study.*

Confidentiality

All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for 3 years after completion of the study (The time selected is the researcher’s choice. However, by federal regulations, there is a minimum requirement to keep records for at least 3 years after the completion of the research study. If you choose to keep it for longer, then just describe that to the subject). After the storage time the information gathered will be... (Tell the participant what will happen to the information after the storage time listed, i.e., destroyed, kept for “x” amount of time, etc.) Ensure that the time and the disposition of the data listed here is the same as listed in the “Privacy and Confidentiality” section of the Protocol Proposal Form. If you are conducting a focus group or your research includes group participation, then you must include that confidentiality cannot be guaranteed within the group setting. Please keep in mind the various types of data you have and its disposition (for example, identifiable vs. de-identified data, hard copy vs electronic data/forms/surveys/etc.)

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Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without effect to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Participant Consent:

I have read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant

Date

Participant Name (Please Print)

Audio/Video Taping:

If your study includes the use of audio/video taping, you must include a separate signature line for the consent to audio or video tape. In addition, if audio or video recordings or photographs will be included in publication for any reason (article, presentation, etc.) then the consent document should specify those situations.

Use language similar to:

“I agree to be audio or video taped for the purpose of this research study.”

Signature of Participant

Date

Participant Name (Please Print)