Informed Consent Letter (IRB)

Formatting of Consent Letter:

- Each page must have a centered header with the words "INFORMED CONSENT" along with the Research Title of proposal
- Each page must have a centered footer with the pager number and date

Example header:
INFORMED CONSENT
Assessing Flow Experiences Amongst Rock Climbers

Example footer:
April 28, 2006
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Sample Informed Consent Letter

Title of Study:

Principal Investigator:
Name
Department
Address
Phone
E-mail

Background:
You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear of if you need more information.

The purpose of this study is:

Study Procedure:
Your expected time commitment for this study is: (time)

Explain procedure.

Risks:
The risks of this study are minimal. These risks are similar to those you experience when disclosing work-related information to others. The topics in the survey may upset some respondents. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Benefits:
There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may…. (list possible benefits)

Alternative Procedures:
If you do not want to be in the study, you may choose not to participate and leave your answers blank, or you may read quietly at your desk (for in-class survey research).

Confidentiality:
Please do write any identifying information on your questionnaire. Your responses will be anonymous.

OR

For the purposes of this research project your comments will not be anonymous unless you request that they be. You may request that all or part of your responses be kept anonymous at any time.

Every effort will be made by the researcher to preserve your confidentiality including the following:

Assigning code names/numbers for participants that will be used on all researcher notes and documents.

- Notes, interview transcriptions, and transcribed notes and any other identifying participant information will be kept in a locked file cabinet in the personal possession of the researcher. When no longer necessary for research, all materials will be destroyed,
- The researcher and the members of the researcher's committee will review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publications that may result from this study. Any final publication will contain the names of the public figures that have consented to participate in this study (unless a public figure participant has requested anonymity): all other participants involved in this study will not be identified and their anonymity will be maintained
- Each participant has the opportunity to obtain a transcribed copy of their interview. Participants should tell the researcher if a copy of the interview is desired.

(Modify as needed for each protocol)

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

Person To Contact:
Should you have any questions about the research or any related matters, please contact the researcher at (your email address or telephone number).

Institutional Review Board:
If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the Institutional Review Board Office at (801) 863-8455.

Voluntary Participation:
Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you do decide to take part in this study, you will be asked to sign a consent form. If you decide to take part in this study, you are still free to withdraw at any time and without giving a reason. You are free to not answer any question or questions if you choose. This will not affect the relationship you have with the researcher.

Unforeseeable Risks:
There may be risks that are not anticipated. However every effort will be made to minimize any risks.

Costs To Subject:
There are no costs to you for your participation in this study

Compensation:
There is no monetary compensation to you for your participation in this study.

Consent:
By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Signature _____ Date _____