INFORMED CONSENT FORM

Read this consent form carefully and ask as many questions as you like before you decide whether you want to participate in this research study. You are free to ask questions at any time before, during, or after your participation in this research.

Project Information	
Project Title:	
Principal Investigator:	
Phone:	Organization:
Location	

1. **PURPOSE OF THIS RESEARCH STUDY**
   - Include 3-5 sentences written in nontechnical language. *"You are being asked to participate in a research study designed to..."*
2. **PROCEDURES**
   - Describe procedures: *"You will be asked to do..."*.
   - Define expected duration of subject's participation.
3. **POSSIBLE RISKS OR DISCOMFORT**
   - Describe known or possible risks. If unknown, state so. "*This study contains no identified risks."*
   - If subject's participation will continue over time, state: *"Any new information developed during the study that may affect your willingness to continue participation will be communicated to you."*
   - If applicable, state that a particular treatment or procedure may involve risks that are currently unforeseeable.
4. **POSSIBLE BENEFITS**
   - Describe any benefits to the subject that may be reasonably expected. If the research is not of direct benefit to the participant, explain possible benefits to others.
   - *"This study will provide you with experience in the scientific method and the results of the study will be available to you upon request."*
5. **FINANCIAL CONSIDERATIONS**
   - Explain any financial compensation involved or state: *"There is no financial compensation for your participation in this research."*
   - Describe any additional costs to the subject that might result from participation in this study.
6. **AVAILABLE TREATMENT ALTERNATIVES**
   - If the procedure involves an experimental treatment, indicate whether other non-experimental (conventional) treatments are available.
7. **AVAILABLE TREATMENT FOR ADVERSE EXPERIENCES**
   - *"This study involves (minimal risk) (greater than minimal risk)."* In the event that greater than minimal risk is involved, provide the subject with the participant with contact information for medical and/or psychiatric assistance.

8. CONFIDENTIALITY

- Describe the extent to which confidentiality of records identifying the subject will be maintained.

" This study is completely anonymous and your identification will not be connected with any data or responses provided by you." –or--

"Your identity in this study will be treated as confidential. The results of the study, including your responses or any other data, may be published for scientific purposes but will not give your name or include any identifiable references to you."

"However, any records or data obtained as a result of your participation in this study may be inspected by the sponsor, by any relevant governmental agency (e.g., U.S. Department of Energy), by the Institutional Review Board, or by the persons conducting this study, (provided that such inspectors are legally obligated to protect any identifiable information from public disclosure, except where disclosure is otherwise required by law or a court of competent jurisdiction. These records will be kept private in so far as permitted by law."

In addition, list steps to protect confidentiality such as codes for identifying data.

9. TERMINATION OF RESEARCH STUDY

"You are free to choose whether or not to participate in this study. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate. You will be provided with any significant new findings developed during the course of this study that may relate to or influence your willingness to continue participation. In addition, the investigator without your consent may terminate your participation in the study if your participation causes undo risk for other participants".

10. AVAILABLE SOURCES OF INFORMATION

"Any further questions you have about this study will be answered by the Principal Investigator.Any questions you may have about your rights as a research subject will be answered by: Clarence C. Rohrbaugh, Ph. D. Phone Number: 367-4669.

11. AUTHORIZATION

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws.

Participant Name (Printed or Typed): _____

Participant Signature: _____

Date: _____