Pittsburg State University

Committee for the Protection of Human Research Subjects
(CPHRS)

INFORMED CONSENT FORM INSTRUCTIONS – Research Using Human Subjects

PROJECT TITLE: (If possible and when applicable, the title should be identical to that used in any funding/contract proposal)

APPROVAL DATE OF PROJECT: **EXPIRATION DATE OF PROJECT**: (Both dates should be provided in the project approval letter – dates must be in place before distribution information to subjects)

PRINCIPAL INVESTIGATOR: (Must be a regular student or faculty member of PSU)

CO-INVESTIGATOR(S):

CONTACT NAME AND PHONE FOR ANY PROBLEMS/QUESTIONS: (This should be the phone number and or e-mail address of the Principal Investigator)

IRB CHAIR CONTACT/PHONE INFORMATION: (This information is for the subject in case he/she has questions, or needs or wants to discuss any aspect of the research with an official of the university or the IRB. Department Chair for Review Committees information should be entered here. Secondary information is:

- Peggy Snyder, Chair, Committee for the Protection of Human Research Subjects, 112 Russ Hall, Pittsburg State University, Pittsburg, KS 66762-7526, (620) 235-4179.

SPONSOR OF PROJECT: (Funding/contract entity – if applicable)

PURPOSE OF THE RESEARCH: (Explain in lay terms that this is a research project, and why the research is being done.)

PROCEDURES OR METHODS TO BE USED: (Explain in lay terms and in language understandable at the 8th grade level how the study is going to be conducted and what will be expected of participants. Tell participants if they will be audio or videotaped, if the will be paid, etc. For example, "To perform this study, researchers will collect information about you. This information will be taken from (hospital medical records, a health questionnaire, an interview, etc.)…)

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:

LENGTH OF STUDY: (Estimate the length of time the subject will be expected to participate.)

RISKS OR DISCOMFORTS ANTICIPATED: (Describe ANY foreseeable risks or discomforts from the study. If there are no known risks, make a statement to that effect.)

BENEFITS ANTICIPATED: (Describe any reasonable expected benefits from the research to the participant or others from the research. If there are no anticipated benefits, make a statement to that effect.)

EXTENT OF CONFIDENTIALITY: (Explain how you plan to protect confidentiality. Adequate provisions must be made to protect the privacy of subjects and to maintain confidentiality of identifiable information. Explain how your procedures accomplish this objective; such as means of data storage, data location and duration, description of persons with access to the date, and method of destroying the data when completed. Include at least a general statement such as: "Your name will not be associated in any way with the information collected about you or with the research findings from this study. The researcher(s) will use a study number, initials, or a pseudonym instead of your name." Also include who this information may be shared with such as a list or group of persons external to PSU, such as collaborating researchers, colleagues, sponsors of the research, etc. The following statement only needs to be included if protected health information (PHI) subject to HIPAA's Privacy Rule will be disclosed: "Some persons or groups that receive your information may not be required to comply with the Health Insurance Portability and Accountability Act's privacy regulations, and our information may lose this federal protection if those persons or groups disclose it." Also state, "The researchers will not share information about you with anyone not specified above unless required by law or unless you give written permission.")

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: (Applies in cases where more than minimal risk is involved. Include a statement closely resembling the following: "In the event of injury, the Kansas Tort Claims Act provides for compensation if it can be demonstrated that the injury was caused by the negligent or wrongful act or omission of a state employee acting within the scope of his/her employment."

PARENTAL APPROVAL FOR MINORS: (If minors or those who require the approval of a parent or guardian are participants, you should include a space for their consenting signature.)

TERMS OF PARTICIPATION: (Include the following statements or one minimally modified:) **I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits or academic standing to which I may otherwise be entitled.**

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the PI to maintain a signed and dated copy of the same consent form signed and kept by the subject.)

Participant Name: _____

Participant Signature: _____ Date: _____

Witness to Signature: (Project Staff) _____ Date: _____

PITTSBURG STATE UNIVERSITY

INFORMED CONSENT TEMPLATE

PROJECT TITLE: _____

APPROVAL DATE OF PROJECT: _____
EXPIRATION DATE OF PROJECT: _____

PRINCIPAL INVESTIGATOR: _____
_____
_____

CO-INVESTIGATOR(S): _____
_____

CONTACT AND PHONE FOR ANY PROBLEMS/QUESTIONS: _____
_____

IRB CHAIR CONTACT/PHONE INFORMATION: _____
_____
_____

SPONSOR OF PROJECT: _____

PURPOSE OF THE RESEARCH: _____
_____
_____
_____

PROCEDURES OR METHODS TO BE USED:
_____
_____
_____

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:
_____
_____

LENGTH OF STUDY: _____

RISKS ANTICIPATED: _____
_____

BENEFITS ANTICIPATED: _____
_____

EXTENT OF CONFIDENTIALITY: _____
_____
_____

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS:

PARENTAL APPROVAL FOR MINORS: _____

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Participant Signature: _____ Date: _____

Witness to Signature: (Project Staff) _____ Date: _____