Research Project Number _____

For IRB Office Use Only

RESEARCH PARTICIPANT CONSENT FORM

(***insert*** title of project)
(***insert*** Principal Investigator's name)
Purdue University
(***insert*** Academic Department)

Purpose of Research

Specific Procedures

Duration of Participation

Risks

Benefits

Compensation

Extra Costs to Participate (This section is not required unless this project involves costs to be covered by the subject)

Injury or Illness (This section is not required unless this project involves more than minimal risk.) Purdue University will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

Confidentiality The project's research records may be reviewed by [external funding agency, Food and Drug Administration (if FDA regulated), Office for Human Research Protections (if funded by DHHS)] and by departments at Purdue University responsible for regulatory and research oversight.

Voluntary Nature of Participation
You do not have to participate in this research project. If you agree to participate you can withdraw your participation at any time without penalty.

Contact Information:
If you have any questions about this research project, you can contact (insert PI name and phone number plus any additional research personnel that participants may need to contact and their contact information. If more than one person is listed, please indicate the first point of contact). If you have concerns about the treatment of research participants, you can contact the Institutional Review Board at Purdue University, Ernest C. Young Hall, Room 1032, 155 S. Grant St., West Lafayette, IN 47907-2114. The phone number for the Board is (765) 494-5942. The email address is irb@purdue.edu.

*** Please note that all consent forms that are longer than one page must provide a space for initials and dates on all non-final pages.*

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Documentation of Informed Consent

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

_____ _____

Participant's Signature Date

_____

Participant's Name

_____ _____

Researcher's Signature Date