SUNYIT Sample Consent Form for Research Involving Human Subjects

Instructions to Investigator:
You may copy and use this form as a guide to develop your consent document. All instructions (in red) must be deleted on the final version to be used during the consent process. Only the final version should be submitted to the IRB for review.

Title of Study:

Principal Investigator:

You are being invited to participate in a research study. Please take a few moments to read the explanations which follow to help you decide whether to participate or not.

Description of Study

This research study is being carried out in order to (*Investigator: State what is being studied*). We are conducting this research in order to discover (*Investigator*: *State what the study is designed to discover or establish)*. We would like to include you in the study because (*Investigator: State why this individual has been selected*). If you decide to take part, we will (*Investigator: Describe in easy to understand terms all procedures that are to be done for research purposes, when they will be done, and how long they will take*). You can expect to spend (*Investigator: Estimate the amount of time the research subject will spend in the study*).

Risks and Discomforts

If you participate in this study you may be subject to the following risks (*Investigator: If there are risks associated with participation detail them here*). You may (also) experience the following discomforts (*Investigator: If there are possible discomforts associated with participation detail them here*).

Possible Benefits

By agreeing to participate in this study you may experience the following benefits: (*Investigator: Include possible benefits to study participant.*) Others may benefit by (*Investigator: Include possible benefits to individuals other than the study participants.*)
Click here to enter text.

Alternative Procedures

(*Investigator: Describe here any alternative procedures (including no treatment at all) which might possibly benefit the research subject.*)

Confidentiality of Records

(*Investigator: Detail how research subjects' data will be recorded and stored, e.g. "You will be asked to complete a survey form. Any information which could possibly be used to identify you, for example a phone number, will be stored in a locked file cabinet and only researcher XYZ will have access to these identifiable data. De-identified data will be stored on a password protected computer. Only aggregate data (for example averages) will be available to the public." Make sure you detail the procedures* ***you*** *will*

follow.)

More than Minimal Risk

(*Investigator: If there is the potential for more than minimal risk to the study participant describe these risks in detail here.*)

Contact Information

You are encouraged to ask any questions you may have about the study now. If you have any questions later or if you have any concerns about this study and your participation in it, please feel free to contact (*Investigator: Include contact information (Institutional address, phone number, email. Student investigators must include faculty advisor contact information.*). You may also contact (*Investigator: Include contact information for the chair of the Institutional Review Board.*)

Statement that Research is Voluntary

Your participation in this study is entirely voluntary. If you choose not to participate you will experience no adverse treatment. Also, you are free to withdraw from the study at any time, for any reason.

Statement of Consent

I have read the above information, and have received answers to any questions I have asked. I freely consent to take part in the study.

_____

Patient/Participant Name

_____

Patient/Participant Signature Date