UNION COLLEGE CONSENT STATEMENT FOR

[Title of Study]

You are invited to participate in a research study of ***[insert general statement about study***]. You were selected as a possible subject because ***[explain how the subject was identified].*** We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by ***[indicate the investigators' names and College/Departmental affiliation].*** It is funded by ***[indicate study sponsor, if any].***

STUDY PURPOSE

The purpose of this study is to [***explain the research question and purpose in language understandable to the subject, e.g., eighth grade level***].

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of **(*single number*)** subjects who will be participating in this research (locally and nationally, if multi-center study).

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

(In language understandable to the subject, give in detail, preferably in chronological order, all procedures, including surveys, focus groups, audio or video taping, assignment to study groups, etc., which will be employed in the study, including where they will be performed, their frequency, and the total duration of the study

RISKS OF TAKING PART IN THE STUDY:

(***Define the risks, side effect, discomforts of each of the procedures to be employed in the study (i.e. physical, psychological, social, legal in lay language). Give the side effects of all medications to be given to the subjects for the purpose of the study***.)

While on the study, the risks are (explain each, including their likelihood):

(**e.g.:** The risks of completing the survey are being uncomfortable answering the questions.)
(**e.g.:** The risks of possible loss of confidentiality)

BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation that are reasonable to expect are ***[describe any direct benefit to the subject or benefit to others, which may reasonably be expected from the research. If there is no direct benefit to the subject, state this. Note: payment to subjects is not considered a benefit of participating in the study].***

ALTERNATIVES TO TAKING PART IN THE STUDY:

Instead of being in the study, you have these options: [***As appropriate, give alternative procedures or courses of treatment, if any, that might be advantageous to the subjects])*** (*If the only alternative is not participating, state this).*

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published *[and databases in which results may be stored]*.

CONTACTS FOR QUESTIONS OR PROBLEMS
Charles M. Jones
Building: Sharp Academic Center
Room: 3223
Campus Box: D16
Telephone: (606) 546-1283

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VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with [e.g hospital, University

SUBJECT'S CONSENT

I give my consent to participate in this research study.

I will be given a copy of this informed consent statement to keep for my records.

SUBJECTS SIGNATURE:_____ Date:_____
(must be dated by the subject)

SIGNATURE OF PERSON OBTAINING CONSENT:_____ Date:_____

If the study involves children and they will be providing their assent on this form, use the following signatures:

(IF SUBJECT IS A CHILD:)
SIGNATURE OF PARENT:_____ Date:_____

SIGNATURE OF PARENT:_____ Date:_____