

Notre Dame College Institutional Review Board

Consent to Participate in Research

Title of Study:

You are invited to participate in a research study by [*investigator(s) names; if students provide faculty advisors name*]. Your participation in this study is voluntary. You should read the information below and ask any questions about anything you do not understand before you decide whether to participate in the study or not.

Purpose of study: describe

Duration and Location: Your participation in this study will last for approximately []. The study will be conducted at [].

Procedure: If you volunteer to participate in this study, we would ask you to do the following things [].

Potential Risks: If there are risks describe them.

A common statement if no or minimal risk - There are no known risks associated with your participation in this study beyond those of daily living.

Benefits: If there are benefits, describe them. **COMPENSATION FOR PARTICIPATION IS NOT A BENEFIT.**

A common statement if no benefits – There are no direct benefits to you for participation in this study.

Confidentiality: All information gathered from this study will be kept confidential. [explain how]. You will not be personally identified in any reports or presentations of the results of this study.

Participation and Withdrawal: Your participation in this research is voluntary. If you choose not to participate that will not affect your relationship with [] or any benefits you gain from []. If you decide to participate, you may withdraw from the study at any time without penalty.

Withdrawal of Participation by Investigator: The investigator may withdraw you from participation in this research if circumstances arise that warrant doing so.

Contact Information: If you have any questions or concerns you may contact [investigator name, phone, email]. Cut and paste IRB statement from IRB proposal form.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this consent form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

Signature of Investigator

Date