CONSENT FORM

Principal Investigators - Read instructions very carefully

1. Write the consent form in **very simple language**. It must be understandable by **all** participants.

2. When research involves minors or those who are not legally competent, informed consent must be obtained from the parent or guardian.

3. There will be **2** copies of this form: A signed copy of the consent form **must** be retained by the Principal Investigator; the second copy must go to the participant.

4. Components of Informed Consent, required in **all** studies:

   a. Explanation of research purpose and procedures as well as selection of participants;
   b. Benefits of the research;
   c. Risks to the participant (if more than minimal risk is possible, provide the name of a resource to whom the participant may go);
   d. The opportunity to withdraw without penalty;
   e. The opportunity to ask questions;
   f. The amount of time required to participate;
   g. Confidentiality of the data and final disposition of the data;
   h. Name and telephone number for questions about the research;
   i. Name and telephone number to ask about the rights of the research participants.

5. This form may be revised but **must** include all components of the Informed Consent (see above).

6. The information in the Consent Form may be orally presented to the research participants. If **oral presentation** is planned, the Consent Form may be modified to omit sections 5, 6, and 7 of the Consent Form, providing these have been carefully explained orally to the participants.

CATAWBA COLLEGE – CONSENT FORM

Consent to act as human participant

1. Project Director:

2. Project Title:

3. Participant's Name (please print):

4. Date of consent:

5. Description and explanation of procedures:

This project has been reviewed and approved by the College Institutional Review Board.

6. Risks and/or discomforts:

7. Potential benefits:

8. CONSENT:

By signing this consent form, you agree that you understand the procedures and any risks and benefits involved in this research. Your participation is entirely voluntary; therefore, you may refuse to participate or to withdraw your consent from this study at any time without penalty or prejudice. Your privacy will be protected because the information that you provide will not be identified by your name as a participant in this research.

Questions regarding your rights as a participant can be answered by calling (*the name of the Chair of the IRB*) at 704-637-____. Questions regarding the research itself can be answered by calling (*the name of the Principal Investigator*) at 704-637-____.

By signing this form, you are agreeing to participate in this research project as described to you by

_____

_____
Participant's Signature*

* If the participant is a minor or, for some other reason, unable to sign, complete the following:

Participant is _____ years old or is unable to sign because

_____ _____
Custodial Parent(s)/ Guardian Signature(s) Custodial Parent(s)/ Guardian Signature(s)