

INFORMED CONSENT FORM



LANCASTER BIBLE COLLEGE

YOUR JOURNEY. OUR FOCUS.

Research Title

(Please note: Title of application and title above should be the same.)

**Statement of Age of Participant
(Please note: Parental consent
always needed for minors.)**

I state that I am over 18 years of age, in good physical health, and wish to participate in a research project being conducted by Insert Name of Researcher and Title (e.g. student, graduate student, professor) in the Department of _____ at Lancaster Bible College, Lancaster, PA.

Purpose

The purpose of this research is to measure the effects of prolonged sleep loss.

Procedures

The procedures involve three sessions, four weeks apart, during which I will be asked to go without sleep for periods of 24 to 48 hours. At various times during the sleepless period, I will be asked to perform simple tasks and to respond to sound by pushing a button.

Confidentiality

All information collected in this study is confidential to the extent permitted by law. I understand that the data I provide will be grouped with data others provide for reporting and presentation and that my name will not be used.

Risks

As a result of sleeplessness, I may experience extreme tiredness and sleep disturbances over a short period of time. Normally, there are no long-term effects associated with the periods of sleeplessness involved in this research.

**Benefits, Freedom to Withdraw,
& Ability to Ask Questions**

The research is not designed to help me personally, but to help the researcher learn more about sleep loss and the ability of persons to perform tasks for the safe operation of machinery and cars. I am free to ask questions or withdraw from participation at any time and without penalty.

**Contact Information of LBC
Advisor**

Provide name, address, telephone number, and e-mail address of your LBC advisor.

**Contact Information of Each
Organization Where Research is
Conducted (if applicable)**

Provide name, address, telephone number, and e-mail address of each organization and contact person where your research will be conducted.

**Contact Information of
Researcher**

Provide name, address, telephone number, and e-mail address of the researcher.

**Please add name, signature, and
date lines to the final page of
your consent form**

NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT _____

DATE _____

****Please note: If the consent form requires more than one page, please include a space for the participant to initial and date at the top right-hand corner of each page. The corner should appear as: Initials ____ Date ____ . Also, you must write a page range; such as Page 1 of 2, then Page 2 of 2. This step would confirm that the participant agreed to the entire contents of the consent form.****