

Informed Consent Form (4B)

Recommended for all projects involving human subjects, required for all involving risk.
Use a separate form for each test subject.

Student Researcher's Name _____ Grade _____

School, City & State _____

Title of Project _____

To be completed by Student Researcher:

- 1) What are the research procedures in which the subject will be involved?

- 2) What are the possible discomforts or risks that may reasonably be expected by participating in this research?

- 3) What procedures will be used to minimize risks?

Attention: This project has been reviewed and approved by an Institutional Review Board.

Adult Sponsor's Printed Name Signature Phone

Qualified Scientist's Printed Name Signature Date Signed
(Required if risk designated by the IRB)

Title Institution Phone

To be completed by human subject prior to experimentation:

- I have read and understand the conditions stated above, and I consent to participate in this research procedure. I realize I am free to withdraw my consent and to withdraw from this activity at any time.
- I consent to use of visual images (e.g., photographs, videographs) involving my participation in this research project (optional).

Participant's Printed Name Signature Date Signed

If participant is under 18 years old, a parent/guardian signature may be required. If the subject of this experiment or parent/guardian has any questions about this experiment, the Adult Sponsor should be contacted.

I have received and reviewed a copy of any test, survey or questionnaire used in the research. Yes No

Parent's/Guardian's Printed Name Signature Date Signed