

Sample of INFORMED CONSENT FORM

Project/ Title

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

Statement of Age of Subject (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 program of research being conducted by **Insert Name of Principal Investigator at Insert name of Institution***

Purpose

The purpose of this research is to....

Procedures

The procedures involve three sessions, three months apart, during which I will be asked to go without a meal for a period s of periods of 2to 4hours. At various times during the activity, I will be asked to perform simple tasks and to respond to a list of questions.

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 food deprivation, I may experience hunger over a short period of time. Normally, there are no long-term effects associated with the periods of hunger involved in this experiment.

Benefits, Freedom to Withdraw, & Ability to Ask Questions

The experiment is not designed to help me personally, but to help the investigator learn more about how individuals deal with hunger. I am free to ask questions or withdraw from participation at any time and without penalty.

Medical Care

(Include this section only when appropriate for your project. When included, please do not modify the wording of this section)

Delaware County Community College does not provide any medical or hospitalization insurance for participants in this research study nor will Delaware County Community College provide any compensation for any injury sustained as a result of participation in this research study, except as required by law.

Contact Information of Investigators

Provide name, address, telephone number, and (if appropriate) e-mail address of principal investigator.

NAME OF SUBJECT

SIGNATURE OF SUBJECT

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

DATE