**INFORMED CONSENT**

Project Title:

Investigator(s):

IRB Study Number:*(this is the protocol number that is assigned to you by the IRB)*

# **Introduction**

This document is called an “Informed Consent Form.” It gives you information about the study, its risks, possible benefits, your rights if you agree to participate, and information about you that will be shared with others connected with the study. It is important for you to understand that your participation in this study is entirely voluntary. You may choose not to participate or withdraw from the study at any time without any penalty, loss of benefits, or loss of legal rights to which you are entitled.

Before you decide, you should know why the research is being done and what it involves. Please read this form carefully and take your time to decide. Ask the investigator (or his or her staff) any questions you may have. You may take an unsigned copy of this form home with you to read again.

You have been selected to participate because… *(List reason why participants would be included in your study. For example, “You have been selected to participate in this research study because you are currently taking math courses at Tulsa Community College.”)*

# ***Why is this study being done?***

# The purpose of the study is to… (*Include brief descriptions of the following elements. Each element should be no longer than two sentences and written in easily-understood language:*

*(1) Explain the purpose of the research in terms that can be understood by people not in the field of study.*

*(2) Explain the background of the research problem/question.*

## ***How long will the research last?***

We expect that you will be in this research study for approximately… *(Indicate as hours, days, months, weeks, or years as appropriate. An estimation of total participation time should be included as well as time spent in specific activities (e.g. interview will require approximately 60 minutes).*

## ***What will I do if I choose to be in this study?***

You will be asked to… *(Provide a clear and concise yet complete description of what participants will be asked to do.)*

## ***What happens if I do not want to be in this research?***

Example statements:

* You do not have to participate in this research. Instead of being in this research study, your choices may include… *(List alternative procedures. For student participants, describe alternatives that are available to earn course credit.)*

*OR*

* There are no known alternatives, other than deciding not to participate in this research study. *(Include this statement if there are no specific alternatives available.)*

# ***What are the possible risks or discomforts?***

*Example statements:*

* *Your participation in this study may involve the following risks… (Explain any foreseeable risks to subjects here. Keep in mind that risks are not always immediate. Describe in sufficient detail each of the following risks, if appropriate. If known, describe the probability and magnitude of the risk:*
* *Physical risks*
* *Side effects of drugs and devices*
* *Psychological risks*
* *Privacy and confidentiality risks*
* *Legal risks*
* *Social risks*
* *Economic risks*
* *Group or community risks*

*OR*

* *Your participation in this study does not involve any physical or emotional risk to you beyond that of everyday life.*

# ***What are the possible benefits for others or me?***

*Explain any possible benefits to the participants here. Do NOT include information on payment in the description of benefits.*

*Example statements:*

* *You are not likely to have any direct benefit from participating in this research study. This study is designed to learn more about [insert purpose/topic of study]. The study results may be used to help other people in the future.*

*OR*

* *Taking part in this research study may not benefit you personally, but we may learn new things that will help others.*

*OR*

* *The possible benefits to you from this study include…*

***How will you protect the information you collect about me, and how will that information be shared?***

Results of this study may be used in publications and presentations. Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used. *(If appropriate, add a clarifying phrase such as "unless you give explicit permission for this below").*

To minimize the risks to confidentiality, we will… *(Explain data security measures to be taken such as secure storage, coding, encryption, destruction, limited access to study records, etc.)*

We may share the data we collect from you for use in future research studies or with other researchers. If we share the data that we collect about you, we will remove any information that could identify you before we share it.

***Will I be compensated for my participation?***

*Explain any payment(s) that participants may receive upon completion of the study.*

*Example statements:*

* *If you agree to take part in this research study, we will pay you [indicate amount] for your time and effort.*

*OR*

* *Participation in this study will involve no cost to you. You will not be paid for participating in this study.*

***Who can I contact if I have questions or concerns about this research study?***

If you have questions, you are free to ask them now. If you have questions later, you may contact the researchers at *(add your contact information, including name, telephone number, and email address).*

You can contact the IRB at irb@tulsacc.edu. You are encouraged to contact the IRB if:

* Your questions, concerns, or complaints are not being answered by the research team.
* You cannot reach the research team.
* You want to talk to someone besides the research team.
* You have questions about your rights as a research participant.
* You want to get information or provide input about this research.

# **Participant’s Consent**

Agreement to take part in the study

I have read this information.

It has been written in a language that I can read and understand.

 All my questions about the study, possible risks and side effects have been answered to my satisfaction.

I voluntarily consent to participate in this study.

I have had adequate time to read this form and to ask all my questions and have had them answered.

I understand that I have or will receive a signed copy of this consent form.

I understand that I may withdraw from this study at any time without penalty (e.g., class standing, grades, employment, etc.) or loss of benefits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date/ Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Printed Name

**Investigator Statement**

I have discussed this research with the participant using language which is understandable and appropriate. I acknowledge that the nature and purpose of this research, the risks involved, and the possibility of complications or unintended results were fully explained to the research participant or his/her representative by me before the research participant consented.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Investigator/Co-Investigator Signature Date/ Time