Informed Consent Form

Title:
Principal Investigator (PI):
Telephone Numbers:
E-mail:
Faculty Advisor (PI) / Dissertation Chair:
Telephone Numbers:
E-mail:
Location of Study:

You are being asked to participate in a research study. The person conducting this study will describe this study to you and answer all your questions. After hearing the description of the research study, ask any questions that you have before deciding whether to take part in the study. Your participation is entirely voluntary, and information collected from, by, or about you will be kept confidential. You can refuse to participate without any penalty or loss of benefits to which you are otherwise entitled. You can refuse to participate at any time, and you can decline to answer any questions at any time. Simply tell the researcher that you wish to stop participating. All data collected before you stop will be destroyed and not used in the data analysis or results of this study. The researcher will provide you with a copy of this consent form and the presentation for your records. A summary of the study results will be provided upon request.

Signatures:

The subject has received complete and accurate information about this study—oral and written.

Principal Investigator's Name (printed): __________________________________________________________
Principal Investigator's Signature: ___________________________________________________________________
Date: ________________________________________________________________________________________

This study has been described to me, and I fully understand what I will be asked to do. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable federal, state, or local laws.

Participant Name (printed): _________________________________________________________________________
Participant Signature: ___________________________________________________________________________
Date: ________________________________________________________________________________________

Parent / Legal Representative _________________________________________________________________
Date: ________________________________________________________________________________________

Abbreviated Consent Form IRB012
Rev. 10/10
Witness Statement:

My signature attests that I was present during the informed consent discussion of this research for the above named participant, that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the prospective participant, or legal representative, and that the informed consent decision was made freely by the participant or the participant’s legal representative.

Witness Name (printed): ________________________________________________________________

Witness Signature: ________________________________________________________________

Date: ________________________________________________________________________________