

APPENDIX G.

Informed Consent Form Template

INFORMED CONSENT FORM TEMPLATE

Title of Research Study

Invitation to Participate

You are invited to participate in this research study investigating ...

Basis for Subject Selection

You are eligible to participate in this study because ... You will be one of approximately ... to participate in this study.

Purpose of Study

The main purpose of this study is ... Another purpose is ...

Procedures

You will be asked to ... It is anticipated that your time commitment will be ...

Potential Risks

There are minimal perceivable risks associated with your involvement in this research study. However, you may ... If at any time while you are participating you feel ..., please inform ... immediately. If at any time after your participation you feel ..., please seek appropriate medical treatment or contact ..., so you may be referred to a qualified academic or personal counselor. You also need to contact ..., Chair of the Utica College Institutional Review Board, at ..., if you have any questions or concerns about your rights as a participant.

Potential Benefits

The potential benefits to you for participating in this research study are ...

Guarantee of Confidentiality

To insure confidentiality, you ... At no time will your name appear on any materials or reports of the research findings (including web-site postings of the results, conference presentations, or professional publications). Materials associated with this study will be kept under lock and key in ... Your signed consent form will be stored separately from

your data to insure complete confidentiality. At the conclusion of this study, all materials will be destroyed.

Withdrawal from Participation

Participation in this study is voluntary. Your decision to participate or not to participate will not affect ... If you decide to participate, you are free to withdraw your consent and to discontinue your participation at any time with impunity. You will receive the same reward as if you had participated in the entire study.

Offer to Answer Any Questions

If you have any questions about the procedures at any time, please do not hesitate to ask. If you think of questions later, please feel free to contact ... All questions about the procedures and this study in general will be answered. However, some questions may not be able to be answered until after you have completed the procedures to insure that your responses will not be affected by your knowledge of the research.

Participant's Statement

I am voluntarily making the decision to participate and am at least eighteen years of age. My signature certifies that I have read and understand the aforementioned information. My signature also certifies that I have had an adequate opportunity to discuss this study with the research investigator and have had all of my questions answered to my satisfaction. I understand that by signing this document, I waive no legal rights. I also know that I shall receive a copy of this consent form for my records.

Participant's Printed Name

Participant's Signature

Date

Research Investigator's Statement

In my judgment, the aforementioned participant is voluntarily and knowingly giving informed consent and possesses the legal capacity to do so.

Research Investigator's Printed Name

Research Investigator's Signature

Date

Research Investigator's Telephone Number Research Investigator's E-mail Address

