**ELEMENTS OF INFORMED CONSENT**

1. A statement that consent is being sought for research and that participation is voluntary
2. A concise, easy to read explanation of the purpose of the research and the expected duration of the participant’s participation, a description of the procedures to be followed (including video/audio taping)
3. A description of any foreseeable risks or discomforts to the participant.
4. A description of any compensation or benefits to the participant or others that might reasonably be expected from the research. If there are no direct benefits to the participant, then include a statement indicating this, for example “You may not personally benefit from taking part in this research, but other people may be helped by what is learned.”
5. A statement describing the extent, if any, to which confidentiality of the records identifying the subjects will be maintained (e.g., where stored, who will have access, how names will be linked to data). If the research involves the collection of identifiable private information or identifiable biospecimens, indicate whether this information will be de-identified, and possibly used for future research studies or distributed to other researchers for future research studies without the participant’s additional permission.
6. For research involving more than minimal risk, an explanation as to whether any medical treatments are available if injury or illness occurs, and if so, what they consist of and where further information might be obtained.
7. An explanation of whom to contact for pertinent questions about the research (i.e., the researcher) or with concerns about subjects rights (e.g., Department Chair, IRB Chair).
8. A statement that participation is voluntary, refusal to participate will result in no penalty or loss of benefits to which subject is otherwise entitled, and subject may discontinue participation at any time without penalty.
9. If applicable, a place for participant to indicate whether or not he or she wishes to be acknowledged publically for his or her contributions (e.g., interviews).
10. Places for name, date, and signature of participant to be filled in.

(10) Presentation of two copes to be signed, one for participant and one for researcher.

 *The following is intended as a sample. It should be modified to fit the specific study.*

***Research Informed Consent***

*Study Title*

*Investigator*

**Purpose**

We are seeking your consent to participate in a research study. Your participation in this study is voluntary. The purpose of this research study is to examine *describe the purpose and goals of the study.*

**Procedures**

Participation in this study will involve *description of tasks (completing a survey, interview, etc.)* We anticipate that your involvement will require *x minutes/hours.* You will receive *x dollars for participating (as applicable).*

**Risks and Benefits**

Participants in this study may experience *description of risks (distress over the nature of the questions, etc.)* Although this study will not benefit you personally, we hope that our results will add to the knowledge about *describe public good. Or, if there is a particular benefit to participants, state what it is. For studies that involve more than minimal risk of harm to subjects include:* If you are hurt or injured as a result of your participation in this study, *[indicate whether treatment will be made available, and who will be responsible for its cost.]*

**Confidentiality**

All of your responses will be *describe how responses will be stored and reported taking into consideration the nature of the study and expectations of the participant.* *For example:* Only the researchers involved in this study and those responsible for research oversight will have access to the information you provide. Your responses will be numbered and the code linking your number with your name will be stored in a separate locked file cabinet *(if applicable).* Your identity will not be revealed in any presentation of these data unless you explicitly give permission for this purpose at the end of this document *(if applicable)*. *If the research involves the collection of identifiable private information or identifiable biospecimens, indicate whether this information will be de-identified and possibly used for future research studies or distributed to other researchers for future research studies without the participant’s additional permission. For example:* Identifiers might be removed from the identifiable private information or identifiable specimens *(if applicable)*, and then the information or specimens *(if applicable)* could be used for future research studies or distributed to other researchers for future research studies without your additional permission.

*OR*

Your information or specimens *(if applicable)* collected as part of the research will not be used or distributed for future research studies, even if identifiers are removed.

**Voluntary Participation**

Participation in this study is completely voluntary. You are free to decline to participate, to end participation at any time for any reason, or to refuse to answer any individual question without penalty or loss of compensation *(if applicable)*.

**Questions**

If you have any questions about this study, you may contact the investigator, *investigator name and contact information.* If you would like to talk with someone other than the researchers to discuss problems or concerns, or to discuss your rights as a research participant, you may contact *provide department chair’s name and contact information.* You may also contact the Wesleyan University Institutional Review Board *provide contact information and/or IRB website.*

**Agreement to Participate**

[I am at least 18 years of age.] I have read the above information, have had the opportunity to have any questions about this study answered and agree to participate in this study.

(printed name) (date)

(signature)

[*Obtain one signed copy for participant and one for experimenter.]*