

INFORMED CONSENT FORM (TEMPLATE)

Project Name:

Investigator(s): *[Provide name, phone number, and email information]*

Purpose and Benefits

You are invited to participate in a research study. The purpose of this study is to investigate *[here you explain the purpose of the study or as much information as you want participants to know going in. You should also describe any benefits the subject will receive for participation]*.

Procedures

[Explain what the participant should expect to do for the duration of the study. What will they be required to do? How long will it take? How many participants are anticipated?]

Risks and Benefits

[Describe any risks, both physical and psychological (e.g. stress), that the participant may experience during or after completion of the study. If there are no risks, say so. Describe benefits to the participant, to the investigators, and others.]

Confidentiality

[Describe the nature of data collection and storage in terms of confidentiality/anonymity. If personal information will be obtained, how long will it be kept and will it be linked to other data collected in the study? When will data be destroyed? Will information from the study be made public and what steps will be taken to ensure confidentiality of participant information?]

For example: Your consent form will be separated from the questionnaire immediately upon collection. To further guarantee anonymity, no link will remain between your name and your data. Data will be stored securely and will be made available only to the persons listed above who are conducting the study. No reference will be made in oral or written reports that could link you to the study. Your confidential data may be used in future research, presentations or teaching opportunities.

Contact

If you have questions at any time about the study or the procedures, or if you experience adverse effects as a result of participating in this study, you may contact the investigator, *[John Doe, at jdoe@me.vccs.edu, or (276)523-2400]*. If you have questions about your rights as a participant, contact the Institutional Review Board Manager, Nikki Morrison, at nmorrison@mecc.edu or (276)523-2400 ext. 416.

Participation

Your participation in this study is voluntary. You may decline to participate without penalty. It is okay to say NO. Likewise, the investigator may terminate your participation in the study at any time if they observe potential problems with your continued participation.

Withdrawal guarantee

If you decide to participate, you may withdraw from the project at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed. Even if you say yes now, you are free to say NO later and walk away or withdraw from the project at any time. Your decision will

not affect your relationship with Mountain Empire Community College or cause a loss of benefits to which you might otherwise be entitled.

Voluntary Consent

Your signature on this form indicates that you are at least 18 years of age and have understood to your satisfaction the information regarding participation in this research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

I have read the above information and agree to participate in this study. I have received a copy of this form.

Participant's Name (Print)
Participant's Signature
Date

This project was approved by the Mountain Empire Community College Institutional Review Board for Human Subject Protection on (Date) and expires on (Date).

Investigator's Statement

I certify that I have explained to this subject the nature and purpose of this project, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to participants and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Name (Print)
Investigator's Signature
Date

Template may be modified for minor's assent. Language must be age appropriate and the form should include a space for a legally authorized representative to give consent.)

Copies to: Participant, Principal Investigator