

## G. INFORMED CONSENT TEMPLATE

### **IRB Protocol Title:**

### **Principal Investigator: Co-Investigator:**

### **Research Purpose**

Explain the global research purpose in one or two sentences.

### **Description of the Research**

Again, explain what will happen in the research in one or two sentences. Explain that you will be asked to complete a survey, take a test, participate in an interview, etc.

### **Potential Risks**

Explain any conceivable potential risk--explain if it will be minimal or if there is something you are planning to do to ameliorate the risk.

### **Potential Benefits**

Explain potential benefits--both direct and indirect.

### **Costs/Compensation**

Tell participants that there will be no compensation or explain the nature of any compensation (e.g., you will be entered into a lottery or receive a gift certificate or cash, etc.).

### **Additional Information**

#### **Contact Persons**

If you have any questions, at any time, about this research, or want to discuss any possible study-related injuries, please contact **insert the PI's name here** at telephone number **insert PI's number and email here**.

#### **Confidentiality**

Explain the nature of the confidentiality that you wish to assure the participant. Your identity as a participant in this research study will be kept confidential in any publication of the results of this study. The information obtained during this research (research records) will be kept confidential to the extent permitted by law. However, this research record may be reviewed by government agencies (such as the Department of Health and Human Services), the agency sponsoring this research, individuals who are authorized to monitor or audit the research, or the Institutional Review Board (the committee that oversees all research in human subjects at Adelphi University), if required by applicable laws or regulations. The material will be maintained for **up to seven years**.

Explain how the records will be kept confidential and who will have access as a part of the study (e.g., the PI and other researchers). (For focus groups add, "While we cannot guarantee that all focus group members will maintain confidentiality, we are asking that you and all participants in this study not talk about the discussions that occur within the focus group session outside of the group.")

#### **Voluntary Participation**

Participation in this study is voluntary. If you decide not to participate, this will not affect...

Any new information that develops during this study, which might affect your decision to participate, will be given to you immediately.

A signed copy of this consent form will be given to you.

#### **Institutional Review Board Approval**

This research has been reviewed and approved by the Adelphi University Institutional Review Board. If you have any questions, concerns or comments, please contact Dr. Robert Otto, Chair of the Adelphi University IRB, at (516) 877-4276 or otto@adelphi.edu.

#### **Consent for Minors/People with Legal Guardians**

When the study involves minors or legally incapacitated individuals, simplify the language so that it is appropriate to the target population. Also, make sure to get both consent from the guardian and consent from the minor or legally incapacitated individual.

#### **Signature**

##### *Person Obtaining Consent*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

##### Study Coordinator

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

##### Study Participant

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_