***[BEFORE SUBMITTING THIS PAPER, REMOVE BRACKETS AND ANYTHING INSIDE, AND INSERT INFORMATION ABOUT YOUR PROJECT]***

***[This sample form is based on the requirements for informed consent in 45 CRF 46.116]***

**Nebraska Wesleyan University**

Informed Consent to Participate in a Research Study

**[Title of your project here]**

You are invited to participate in a research study conducted by [put your name here], a [student/faculty/staff member] at Nebraska Wesleyan University. You are being asked to participate because you fit the criteria of this study, that [put information about your population here]. You should read the information below and ask questions about anything you do not understand before deciding whether or not to participate.

**Purpose of the Study:**

The purpose of this research study is to [put a statement here about the purpose of your project].

**NOTE: Here you should provide a brief description of your study in language accessible to your target audience. Remember that participants must understand their role in the study in order to give their consent freely.**

**What You Will Do In This Study:**

If you agree to participate, you will be asked to:

* [state whether you are asking for them to fill out surveys, be interviewed, in a focus group, etc.]
* [state whether you are asking them to agree to being audio- or video-taped]
* [state any other expectations]
* [state estimated time commitment]

**Potential Risks & Discomforts:**

You will face no more than the minimal risks associated with daily life if you decide to participate in this study. You may feel discomfort during or after the [survey, interview, focus group, etc.] but you may choose how much or how little you want to [speak about, share, include on the survey, etc.]. You can stop participation in the research at any time without penalty. [If audio/video taping, state that they “can ask to pause the recording at any time or to not be recorded at all.”]

**NOTE: If your study involves more than minimal risk, then it cannot be exempt from IRB oversight, nor is it eligible for expedited processing. It must go through full board review. If this is the case, then this section would have to be re-written to clearly identify and explain the nature and severity of those risks, how these risks will be minimized, and what assistance will be provided, e.g. reference to psychological services.**

**Anticipated Benefits:**

There are no monetary benefits for participating in this study. However, your participation may be of benefit to you by [make a statement about how the individual research participant may benefit from being in the study. This can include learning more about the topic; having the opportunity to share their story with the researcher; knowing that they will be helping benefit the research community; or any number of where you can show how their helping you do this study will be of some benefit to them specifically].

**Disclosure of Appropriate Alternative Procedures:**

[This is a requirement for disclosing appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject. This requirement is primarily for biomedical research. However, it may be applicable to social and behavioral research if behavioral interventions, such as novel teaching or therapeutic methods, are proposed. If this does not apply to your study, then you may delete it.]

**Confidentiality& Privacy**

To protect your confidentiality and privacy I will take the following steps:

* Participant’s privacy will be protected by not using names or other identifying information in any published reports or presentations.
* The research data will be kept in a locked location; electronic data will be kept on a password-protected computer. Only the researcher [if you are a student, add the following: *and the research advisor*] will have access to the data.
* All data and informed consent forms will be kept for three years after the completion of the study and then destroyed.
* [If audio- or video-taping, state that the participant can “request that the tape be stopped at any time if you would like to say something off of the record” AND “You may request that your recording be destroyed at any time.”.]
* [If conducting focus groups, state that all participants will be asked to agree that everything discussed during the study is confidential and should not be discussed outside of this study.] **NOTE: If the information participants provide in a focus group is sensitive so as to cause harm, such as social stigma, job loss, etc. to participants, then this study is more than minimal risk and, therefore, requires full board review. It may also require further steps such as signed non-disclosure agreements from all focus group participants.**
* [Include any other protections, such as state or department privacy and disclosure requirements, that are specific to your study.]
* [If personally identifiable information or biospecimens are being collected, then your informed consent must include one of the below statements. If this is not the case with your study, you may delete this bullet point:
  + A statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative, if this might be a possibility, or
  + A statement that the subject’s information or biospecimens collected as part of the research even if identifiers are removed, will not be used or distributed for future research studies.

**Participation and Withdrawal:**

You are free to decline to participate in this research study, or to withdraw your participation at any point, without penalty. Your decision whether or not to participate in this research study will have no influence on your present or future status at Nebraska Wesleyan University. **NOTE: If participants are patients in a medical environment, then it must be made clear that participation is NOT a requirement for receiving treatment, and that non-participation does not impede their ability to receive treatment in the future.**

**Questions:**

If you have questions about this study, please contact:

Researcher: [put your name, email and/or phone number here]

[If student, put faculty advisor’s name and contact information here]

This research has been reviewed and approved by the Nebraska Wesleyan University Institutional Review Board (IRB). To ask questions about your rights as a research participant, you may contact the NWU-IRB at irb@nebrwesleyan.edu

**Agreement:**

By signing this form you are indicating that you are age 19 or over, and that the purpose and nature of this research have been sufficiently explained to you in order for you to decide to participate in this study.

**NOTE: If an anonymous survey is being used, then you need to replace “By signing this form” with “By completing this survey.” You may also delete the signature lines below under these circumstances.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Research Participant

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Researcher

**NOTE: You should consult the NWU-IRB Policies, Section VIII to determine if your Informed Consent requires further elements.**