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

***[Informed Consent Form\_Sample B: short form]***

***[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]**

***[This document serves as a guide for how to write your actual Informed Consent Form. All the information in this sample form must be included in the Informed Consent Form that you submit to the IRB for review. However, you may adapt the form as needed to better fit your study and your research participants. For example, if collecting data through surveys, you may not need a signed informed consent form so you would want to remove that portion of the form. For certain types of studies, you may want to make the language less formal and state the same ideas in lay terms accessible to someone with a low level of reading ability or with forms being translated for non-English language speakers. ]***

You are invited to participate in a research study conducted by [your name here] of Nebraska Wesleyan University that investigates [briefly describe the purpose of the study and how they fit the population that you are studying.]

As a participant in this study, you will [briefly describe in lay terms what the participant is consenting to such as tests, procedures, type of data gathering process (survey, interview, focus group, etc.), details about the time it will take, or other things specific to your study.]

By agreeing to participate in this research you are saying that you understand that:

a) The possible risks of being in this study include [state the types of risks to the research participant].

b) The possible benefits of being in this study include [state the types of benefits to the research participant].

c) You may refuse to participate or withdraw from the study at any time without any negative consequences.

d) Your privacy will be protected by the researcher by not using any names or identifying information in any published reports or presentations. [Also state any other ways that you will protect the privacy and confidentiality of the research participant.]

e) All the data collected will be kept in a secure, locked location (electronic data will be stored on a password-protected computer) and will kept for three years after the completion of the study and then destroyed.

f) Any questions you have concerning your participation in this study can be directed to [Researcher’s name, email and/or phone number here; if researcher is a student, add faculty advisor’s name and contact information here].

g) 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 by contacting Justin Skirry, IRB Coordinator, at (402) 465-2110, or at jskirry@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, and you have decided to participate in this study.

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

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

 Research Participant

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

 Researcher