**CONSENT TO PARTICIPATE IN RESEARCH**

*Title or paraphrased title of the study*

***Note to PI:***  *Informed consent language should be directed to its audience. For example, use the word*

*“you” instead of “subject, “participant”, or “individual”. In the case of a parent permission form, use*

*“your child”, if the child is the subject of the study.*

You are invited to participate in a research study conducted by *name of PI (and faculty sponsor if the PI is a student)*, from the *departmental affiliation* at Eastern Illinois University.

Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether or not to participate. *Generally, the investigator and potential subject(s) read through and discuss the informed consent information together.*

***OPTIONAL*:** You have been asked to participate in this study because *explain succinctly and simply why the prospective subject is eligible to participate*. *If appropriate, state the approximate number of subjects involved in the study. State whether there are inclusion or exclusion criteria for participation (e.g., a medical condition or a demographic that would include or exclude a person).*

 **PURPOSE OF THE STUDY**

*Briefly state what the study is designed to examine, assess, or establish.*

 **PROCEDURES**

If you volunteer to participate in this study, you will be asked to:

*Describe the procedures chronologically using simple language, short sentences, and short paragraphs. If there are several procedures or if they are complex, the use of subheadings may help organize this section and increase readability.*

*Define and explain scientific or discipline-specific terms. Use language appropriate to the population.*

*If applicable, specify the subject's assignment to study groups, length of time for participation in each procedure or study activity, the total length of time for participation, frequency of procedures and location of the procedures to be done.*

*If subjects will be recorded (audiotaped, videotaped, digitally), describe the procedures to be used.*

*If any study procedures are experimental, clearly identify which ones.*

*If applicable, describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that might be advantageous to the subjects and should be considered before the subjects decide whether to participate in the study.*

 **POTENTIAL RISKS AND DISCOMFORTS**

*Describe any reasonable foreseeable risks or discomforts, including physical inconveniences and their likelihood, and explain how these will be managed. In addition to physiological risks/discomforts, describe any reasonably foreseeable psychological, social, legal, or financial risks or harms that might result from participating in the research.*

*If there are circumstances in which the researcher may terminate the study, describe them. (This refers to situations in which the study itself may be terminated. It is not the same thing as circumstances in which a specific subject may be withdrawn; this issue is to be discussed below, if relevant.)*

*Explain whether any compensation/treatments are available if injury occurs and, if so, describe the extent and nature of the compensation. If there are any foreseeable risks of physical or psychological harm, explain how subjects will receive a referral for medical or psychological help if the subject needs or requests it.*

 **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

*Describe benefits to subjects expected from the research.*

 *If the subject will not benefit directly from participation, clearly state this fact.*

*State the potential benefits, if any, to science or society expected from the research.*

*Note: Payment or other incentives for participation (e.g., a gift certificate, extra credit) are* ***not*** *a benefit and is not to be discussed in this section.*

 **INCENTIVES FOR PARTICIPATION (*Optional)***

*State whether the subject will receive incentives to participate. If not, delete this section. If subject will receive incentives, describe type and amount, and when incentives (e.g., money, extra credit, gift certificate) are scheduled for distribution.*

 **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of *describe coding procedures and plans to safeguard data, including where data will be kept and how it will be secured, who will have access to it, if and when it will be destroyed, etc.*

*If information will be released to any other party for any reason, state the person or agency to whom the information will be furnished, the nature of the information, the purpose of the disclosure, and the conditions under which it will be released.*

*If activities are to be audio- or videotaped or digitally recorded, describe who will have access, if the tapes/files will be used for educational purposes, and when they will be erased or destroyed.*

*NOTE: Use one of the following statements IF the research study involves the collection of identifiable private information or identifiable biospecimens:*

 *1) That identifiers might be removed from the identifiable private information or biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another PI for future research studies without additional informed consent from the subject, IF this might be a possibility, or*

 *2) 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.*

 **PARTICIPATION AND WITHDRAWAL**

Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University or any other organization sponsoring the research project. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits or services to which you are otherwise entitled.

There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

***OPTIONAL*:** You may also refuse to answer any questions you do not want to answer.

***Include the following paragraph in this section only if relevant***

The investigator may withdraw you from this research if circumstances arise which warrant doing so. *Describe the anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.*

 **IDENTIFICATION OF INVESTIGATORS**

**NOTE: Student researchers, whether PI’s or Co-PI’s, are not required to be identified in this section.**

If you have any questions or concerns about this research, please contact:

*(Identify faculty/staff research personnel):*

*Principal Investigator, Faculty Sponsor (if student is the P.I.), Co-Investigator(s), if any.*

*Include daytime phone numbers, and email addresses for all listed individuals. For some studies of greater than minimal risk, it may be necessary to include night/emergency phone numbers.*

 **RIGHTS OF RESEARCH SUBJECTS**

If you have any questions or concerns about the treatment of human participants in this study, you may call or write:

Institutional Review Board

Eastern Illinois University

600 Lincoln Ave.

Charleston, IL 61920

Telephone: (217) 581-8576

E-mail: eiuirb@eiu.edu

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

***NOTE:******The following signature lines must not be included if a waiver of documentation of informed consent is being sought.***

***For electronic surveys: A statement indicating agreement to participate and an understanding of the subject’s rights as participant (such as the one below) must be included at the end of the informed consent document, along with a statement that continuing on to the survey indicates consent.***

I voluntarily agree to participate in this study. I understand that I am free to withdraw my consent and discontinue my participation at any time. I have been given a copy of this form.

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Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

***NOTE:******Use the following signature line for minor/disabled subjects only if applicable.***

I hereby consent to the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor/subject in the investigation herein described. I understand that I am free to withdraw my consent and discontinue my child’s participation at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor/Disabled Subject’s Parent or Guardian Date

I, the undersigned, have defined and fully explained the investigation to the above subject.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date