Missouri State
UNIVERSITY

Consent Form Template Instructions

- The consent form should be written at no greater than an sixth grade reading level and using lay person language (i.e., no complex scientific or medical terms). Avoid dense paragraphs using long sentences (over 12 words) and large words. Use bullets, headings, and white space wherever possible to facilitate understanding.

- In the following template:

  ★ Statements and questions in bold are to be kept as part of the consent form.

  ★ Instructions are in italics. Remove these instructions from your final document.

  ★ Suggested wording is in plain font. This information should be edited/deleted/revised to accurately represent participation in your study. Please carefully review all the language to ensure correct information specific to your study is relayed to potential participants.

- The consent form should be written in the second person, e.g., "You will be asked to…."

- If the consent form is for the involvement of children in a study, "you" should be replaced with "your child."

- Pages of the consent form should be numbered.

- The signed consent form must be kept by the researcher as part of the research files and a copy must be given to each participant unless IRB approval states otherwise.

CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

TITLE OF RESEARCH STUDY

Insert the name of the study and identify yourself (i.e., I am an undergraduate at the Missouri State University.

WHAT IS THE PURPOSE OF THIS STUDY?

State the purpose of the research in as few words as necessary and in a manner subjects will be able to understand. Usually, this can be accomplished in one sentence, e.g., "The purpose of this research is....."

WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE?

Describe the research in a manner that will ensure that subjects understand what they are being asked to do. This will probably involve a short paragraph, depending on the complexity of the research, and should include sentences explaining:

- *Detailed descriptions of procedures to be followed/tasks involved;*
- *Expected length of time of subject's involvement;*

WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?

Describe the risks which subjects may reasonably expect from the research.

WHAT HAPPENS IF I GET SICK OR HURT FROM TAKING PART IN THIS STUDY?

Include this information if applicable.

You understand that if you are injured or require medical treatment, you may seek treatment from your primary care provider or, if eligible, from Taylor Health Services. If you have paid a student-health fee, you will not be billed by Taylor Health Services for services covered by that fee. If you have not paid the fee, you will be charged for services rendered by Taylor Health Services. The Missouri State University is not responsible for the cost of any care required as a result of your participation in this study.

WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?

Describe the potential benefits that subjects may reasonably expect from participating in the research.

IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, WILL IT COST YOU ANYTHING?

Describe any costs to participants to participate in the study.

WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?

State whether compensation will be provided for participating in this study. If compensation will be provided, provide all the relevant details.

WHAT OTHER OPTIONS ARE AVAILABLE IF YOU DO NOT WANT TO TAKE PART IN THIS STUDY?

You understand that your consent to participate in this research is entirely voluntary, and that your refusal to participate will involve no prejudice, penalty or loss of benefits to which you would otherwise be entitled.

CAN YOU WITHDRAW FROM THIS STUDY?

If you consent to participate in this study, you are free to stop your participation in the study at any time without prejudice, penalty, or loss of benefits to which you would otherwise be entitled

HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?

The researcher seeks to maintain the confidentiality of all data and records associated with your participation in this research.

If your study involves personally-identifiable information, you should include the following statement:

You should understand, however, there are rare instances when the researcher is required to share personally-identifiable information (e.g., according to policy, contract, regulation). For example, in response to a complaint about the research, officials at Missouri State University, designees of the sponsor(s), and/or regulatory and oversight government agencies may access research data.

You also should understand that the researcher is required by law to report certain information to government and/or law enforcement officials (e.g., child abuse, threatened violence against self or others, communicable diseases).

Add information regarding the specific manner in which the data will be secured (i.e., in a locked file cabinet in the researcher's office), who will have access to the data, how results will be reported (i.e., anonymous, aggregate), and any situations in which the information may be disclosed to third parties. If collecting data on audio and/or video tape, explain the purpose for recordings, how they will be used, how and where they will be stored, who will have access, if they will be coded, cross-referenced, destroyed after transcription, or any other procedure used to maintain confidentiality.

WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY

If you have any questions pertaining to the research you can contact (*insert researcher's name and contact information and/or advisor's name and contact information)* to discuss them.

If you have questions about your rights as a research subject you can contact ----------to discuss them.

I, _____ CONSENT/AGREE to participate in this research study

_____ _____

Signature of Subject Date