

Note: All of the specific elements of this sample form represent crucial pieces in establishing informed consent. Use all relevant elements of this model form in your form. Please remove sentences that do not apply.

SAMPLE CONSENT FORM

[Insert Title of Study and "Consent Form"]

You are invited to be in a research study of [insert general statement about study]. You were selected as a possible participant because [explain how subject was identified]. I/we ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: [Indicate College affiliation, e.g., "This study is being conducted by me as part of my master's project in Social Work/Leadership/Physicians Assistant Studies/Nursing, etc. at Augsburg College"]. My advisor is [insert name and title].

Background Information:

The purpose of this study is: [Explain research questions and purpose in lay language.].

Procedures:

If you agree to be in this study, I/we would ask you to do the following things. [Explain tasks and procedures; subjects should be told about assignment to study groups, length of time for participation, frequency of procedures, etc.] Explain fully.}

Risks and Benefits of Being in the Study:

The study has several risks: First, _____; Second, _____. [Risk must be explained, including the likelihood of the risk.]

[If there are significant physical or psychological risks to participation, the subject should be told under what conditions the researcher will terminate the study.]

The direct benefits to participation are: _____ [If no direct benefit (money, credit, etc.), state that fact here.]

[If applicable] You will receive payment at the start of the interview/focus group: _____ [Include payment or reimbursement information here. If subjects receive class points or some other token, also include that information here. Explain when disbursement will occur and conditions of payment **All rewards have to be given at the outset.**]

Indirect benefits to participation are _____ [Explain how subjects might benefit--e.g. Improved programs or policies; **possible** contribution to knowledge, etc.]

[If there is a physically invasive procedure exercise component to this research, or a sensitive personal issue where there is even a slight risk of injury, the following statement must be included in the consent form].

In the event that this research activity results in an injury, **a referral to** treatment will be available, including first aid, emergency treatment, counseling, and follow-up care as needed. However, payment for any such treatment must be provided by you or your third party payer, if any, (such as health insurance, Medicare, etc.). If there are psychological risks, provide a referral source (name of agency/organization, telephone number, and, if appropriate, contact person).

[Omit this section if there are no physical or psychological risks involved in a particular study objective.]

Confidentiality:

The records of this study will be kept confidential. {**indicate if and where you will present the results, such as a conference, symposium, colloquium, etc. If a thesis or project, indicate whether a copy will be in the library** If I publish any type of report (**if a thesis or project, you should say, if I publish any other kind of report**), I will not include any information that will make it possible to identify you. All data will be kept in a locked file [state where]; only my advisor, [insert Name], and I will have access to the data [and, if applicable, any tape or video

recording]. If the research is terminated for any reason, all data and recordings will be destroyed. While I will make every effort to ensure confidentiality, anonymity cannot be guaranteed due to the small number to be studied. [This phrase must be added when dealing with a small group].

[If tape recordings or videotapes are made, explain who will have access, if they will be used for educational purposes, and when they will be erased.]

[If anyone besides the researcher will have access to the raw data, these persons must be identified.]

[Indicate one of the following;:]

- a. Raw data will be destroyed by (date). [Federal guidelines specify a minimum of 3 years for retention of data so the date should be three years from the end of your study.]
- b. Raw data will be retained but all identifying information removed by (date).

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with Augsburg College, (organization or agency - insert), or the researcher(s), [and/ or with other cooperating institutions-- insert names]. If you decide to participate, you are free to withdraw at any time without affecting those relationships. [Explain here if monetary benefits will be adjusted due to early withdrawal.]

Contacts and Questions:

The researcher(s) conducting this study is/ are _____ and _____. You may ask any questions you have now. If you have questions later, you may contact me/us at _____ . Phone: (Area Code) _____ .

[If the researcher is a student, include advisor's name and telephone number . ex. My advisor is Dr. John Doe, Professor of Social Work. doe@augsborg.edu; 612 330-5555].

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study. [For surveys which are to be anonymous, the signatures of subjects are not required.]

Signature _____ Date _____

[Signature of parent or guardian _____ Date _____]

[Signature of minor subject's assent _____ Date _____]

Signature of investigator _____ Date _____

[If audiotaping or videotaping is used, add:]

I consent to be audiotaped (or videotaped):

Signature _____

I consent to allow my child to be audiotaped (or videotaped)

Signature _____

I assent to be audiotaped (or videotaped) (minor)

Signature (_____ Date _____

[If direct quotations will be used in reports of study, add:]

I consent to allow use of my direct quotations in the published thesis document.

Signature _____

I assent to allow use of my direct quotations in the published document (minors only)

Signature _____

I consent to allow of my minor child's quotations in the published document (parents/guardians)

Signature _____ Date _____

Note: Use relevant signature lines and delete the others..

[Revised 2/14/2008]