

MODEL INFORMED CONSENT FORM

TITLE OF PROJECT: _____

NAME OF INVESTIGATOR: _____

PHONE: _____

[1. Statement of Purpose]

You are invited to participate in a study of (state what is being studied.) We hope to learn (state what the study is designed to discover or establish). You were selected as a possible participant in this study because (state why and how the participant was selected).

[2. Description, Including Risks and Benefits]

If you decide to participate, we (or and associates) will (describe the procedures to be followed, including their purposes, how long they will take, and their frequency. Describe the discomforts and inconveniences reasonably to be expected, and estimate the total time required. Describe the risks reasonably to be expected, and any benefits reasonably to be expected.)

[3. Alternative Procedures]

(If applicable, describe appropriate alternative procedures that might be advantageous to the participant, if any. Any standard treatment that is being withheld must be disclosed.)

[4. Confidentiality]

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. (If you will be releasing information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure). This consent form, with your signature, will be stored separately from the data collected so that your responses will not be identifiable. (Note: If the study meets the criteria for exempt status, it is permissible to give the subject the only copy of the consent form when it is the only form that identifies the subject and when retaining it would only create a possible loss of anonymity.)

[5. Compensation]

(If the participant will receive compensation, describe the amount or nature. If there is a possibility of additional costs to the participant because of participation, describe them. If there is a possibility of a research-related physical injury, information as to the medical treatment and compensation available should be included.)

