You are invited to participate in a research study conducted by a [Insert Role: student/faculty member] at Viterbo University. This form describes the study to help you determine if you are comfortable participating.

**Study Title**: **Insert Title Here**

**Study Overview and Procedure**

Explain your research question and what you hope to learn, and the procedure of your study. Use terminology appropriate for your population of interest. Be very specific about any and all data collection methods including observations, answering questions, surveys, audio/video recording, viewing records, etc. Include anticipated time requirements for participation and other expectations such as specific event dates and transportation requirements.

**Risks and Benefits of Participation**

​​Describe all foreseeable risks to the participant such as physical injury, psychological stress, emotional discomfort, or disclosure of sensitive information. **You should not state that there are no risks**; all studies have risks, even if only time and inconvenience. If more than minimal risk is present, you must state the precautions that will be taken to minimize the risk (e.g., a list of local counseling services) and what medical treatments are available if injury occurs. You might also indicate the circumstances under which you would remove the participant from the study, such as if the intervention appears to be harming the participant. Also describe any benefits the participant or others may or will receive. Do not promise benefits that are not yet known or cannot be guaranteed. Include planned inducements or compensation such as monetary payments, gift cards, entry into drawings, extra credit, etc. Indicate how benefits will be handled if the participant withdraws from the study prior to completion.

**Data Privacy**

Describe how you will protect personal data (e.g., name, age, address, etc.) and maintain confidentiality. Describe how the results will be presented (e.g., only averaged data will be included in written reports), and how identifying information will be separated from any data provided by the participant. Include information about who has access to participants’ personal information, how the data will be stored, and how long data will be kept before it is destroyed (the standard expectation is a minimum of 3 years).

If relevant, include information about legal exceptions to privacy and confidentiality. If it is possible that the researcher may learn about potential abuse of a child or vulnerable adult, whether a person plans to hurt or kill themselves, or whether a person plans to hurt someone else, describe to the participants that the primary researcher may not be able to keep such information private. If such information is disclosed, the researcher may be legally required to share the information with a government agency.

**Your Rights as a Participant**

Include a statement indicating that participation is entirely voluntary, and participants may choose to not participate without penalty. Also include a statement about the participants’ right to change their mind and withdraw from the study even after signing the consent form. All participants have right to withdraw and have their data deleted without penalty if they change their mind. Participants must be told that their decision will not affect their relations with Viterbo University in any way (if other organizations are involved in the study, list them as well).

**Additional Information** ***(if applicable)***

This section will not be necessary for all studies. If there is additional information that the participant has the right to know, or which may affect their decision to participate, include that information here. Examples of information that may not be covered in other sections which must be disclosed to participants includes 1) monetary costs to the participant, 2) alternative treatments available to them, and 3) any potential conflicts of interest.

**Contact Information**

This study has been approved by the Viterbo University Institutional Review Board (IRB). If you have ethical concerns about this study or your treatment as a participant, you may contact the chair of the IRB, Dr. Kelsey McLimans (email: kemclimans@viterbo.edu; phone: 608-796-3663).

 **Primary Investigator** **Faculty Advisor *(if applicable)***

Insert PI Name Here Insert Advisor Name Here

 PI email address Advisor Email address

 PI phone # Advisor phone #​

If you have any questions about or do not understand something in this form, please contact the primary researcher or faculty advisor for additional information. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

**Consent to Participation**

I understand that I have been asked to participate in a research study and that the researcher would like to collect data about me in a manner described in this form. My signature below indicates that I have read this form and I have been able to ask questions about this study. The researcher has talked with me about this study and has answered all my questions. I voluntarily agree to participate in this study. I agree to allow the use and sharing of my study-related information as described above.

By signing this form, I have not given up any of my legal rights. I will receive a signed copy of this form for my records.

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 **Printed Name of Participant** **Signature of Participant**

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

 **Date**

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to participate in this study.

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 **Printed Name of Researcher** **Signature of Researcher**

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 **Date**