**UMU IRB INFORMED CONSENT FORM**

***This document is the preferred template for your actual Informed Consent or Informational Letter. All outlined required information in this template must be included in the Informed Consent or Informational Letter submitted to IRB for review.***

INFORMATION ABOUT*: give title of study*

University of Mount Union

1972 Clark Ave Alliance, Ohio 44601

PRINCIPAL INVESTIGATOR & CO-IVENSTIGATOR(s)*: give name(s) and contact information both UMU email address and a minimum of one phone number of principal investigator and co-investigator(s), if being led by a faculty Supervisor, provide the faculty title, name, and contact information as well.*

DATE OF PREPARATION OR REVISION:

I have been asked to participate in a research study that investigates *describe purpose of investigation, how it relates to other knowledge on the topic(s) and what use may be made of the results obtained*

In participating in this study, I agree to *describe briefly and in lay terms procedures to which participant is consenting*. *Be specific in describing treatments or tests, how often and how much given, time limits of study, invasive techniques, any restrictions on normal activities, long term follow-up examinations or the possibility of receiving inactive material in a double-blind trial. The subject should understand exactly what they are agreeing to do by consenting to be in this study.*

I understand that:

a) The possible risks of this procedure include *list known risks or side effects: if none, so state; if unpredictable, so state; include measures that will be taken to minimize hazard or discomfort.*

b) The possible benefits and/or compensation of this study to me are *known treatment benefits; if none, so state.*

c) Any questions I have concerning my participation in this study will be answered by *first and last name(s) and degree(s) of investigator(s) available to answer questions and phone number(s) where the person may be contacted.*

d) I understand that I may refuse to participate or may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information which identifies me will be released without my separate consent, and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed, and my consent re-obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may call or e-mail the chair of the IRB committee at 330-829-8223 or ird@mountunion.edu. I acknowledge that I have received a copy of this form.

e) I have received a copy of or access to this consent form.

f) This study is supported by funding from *funding source must be listed if applicable.*

I understand the Statements Set Forth by University Below:

1. **GUARANTEE OF CONFIDENTIALITY:** Included here should be a brief description of the procedures that will be used to guarantee confidentiality of the data collected. Be explicit, clear, and complete. Part of the purpose of this paragraph is to assure subjects who may have concerns about the privacy of their data, particularly in studies involving potentially sensitive or embarrassing issues. **[THIS SELF CREATED SECTION IS REQUIRED.]**
2. **ALTERNATIVES TO PARTICIPATION-** Subjects whose instructors have offered extra credit as compensation or incentive for participation in a research project must be made aware of a comparable alternative method for receiving such credit – otherwise the extra credit is considered coercive or unduly influential. The subjects should know about this, and this paragraph serves as a reminder. Example wording: “If an instructor has offered academic credit for your participation in this or another research project, the instructor must also offer a comparable alternative method for you to earn such academic credit.” This helps to ensure that subjects’ participation in research is truly voluntary and is not coerced or unduly influenced by considerations of grades or academic performance.
3. **WITHDRAWAL FROM PARTICIPATION-** Participation in this study is voluntary. Your decision whether or not to participate will not affect your present or future relationship with the University of Mount Union. If you decide to participate, you are then free to withdraw your consent and to discontinue participation at any time, while still receiving any applicable compensation for participation (e.g., extra credit). ***[REQUIRED WORDING. DO NOT EDIT.]***
4. **IF YOU HAVE QUESTIONS-** If you have any questions about the procedures in which you will participate, please do not hesitate to ask. If you have questions later, please feel free to contact the investigators listed below. All questions about the procedures or the study in general will be answered.However, the investigator may choose to wait to answer your questions until after you have completed the procedure, to ensure that your responses will not be affected by your knowledge of the research. If you have additional questions concerning the rights of research subjects, you may contact the University of Mount Union’s IRB at [irb@mountunion.edu](mailto:irb@mountunion.edu). **[*REQUIRED WORDING. DO NOT EDIT.]***
5. **AUDIO OR VIDEO RECORDING-** If part of the research includes any type of recording for data collection/review, you must create a statement that details the recording process and plan for use, confidentiality protection, as well as destruction timeframe. ***[REQUIRED SECTION FOR THOSE USING RECORDING OF ANY TYPE]***

**You are voluntarily deciding whether or not to participate. Your signature certifies that you have decided to participate, having read and understood the information presented. Your signature also certifies that you have had an adequate opportunity to discuss this study with the investigator and that you have had all your questions answered to your satisfaction. You will be given a copy of this consent form to keep.**

Participant (printed name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator (signature):­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_