

INFORMED Consent Form

[Insert Title of Study]

You are invited to be in a research study on [Insert general statement about study]. You were selected as a possible participant because [Explain how subject was identified]. 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: [Name of Principal Investigator (PI), Department, Bentley University]

### Background Information

The purpose of this study is to: [Explain research question and purpose in lay language]

**Procedures:**

If you agree to be in this study, you would be asked to do the following things:

[Explain tasks and procedures: subjects should be told about video or audio taping, assignment to study groups, length of time for participation, frequency of procedures, etc.]

### Risks and Benefits of being in the Study

The study does involve the following risks: [Please note all risks here. *Risk must be explained, including the likelihood of the risk. If there are significant psychological risks to participation, the subject should be told under what conditions the researcher will terminate the study*]

The benefits to participation are: [Please briefly describe benefits; i*f there are no benefits, state that fact here.*]

**Compensation: [NOTE:** Include this section ***only if*** compensation is involved]

You will receive the following payment for your participation in the study: [Include payment or reimbursement information here. *Explain when disbursement will occur and conditions of payment. For example, if monetary benefits will be prorated due to early withdraw.*]

**Confidentiality:**

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. *(If tape recordings or videotapes are made, explain who will have access, how they will be used and if they will be used for education purposes, how long they will be retained, and when they will be erased.)*

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Bentley University [or with other cooperating institutions, insert names here]. If you decide to participate, you are free to refuse to answer any question. You may also withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researchers conducting this study are: [Name of researcher] and [Name of researcher]. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at [Location], [Phone number], [E-mail address]. *(If the researcher is a student, include advisor’s name, telephone number and e-mail address here.)*

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact Susan Richman, Bentley’s IRB Chair, Bentley University, 175 Forest Street, Waltham, Massachusetts 02452, or GA\_IRB@bentley.edu, or 781.891.2660.

**Statement of Consent:**

I have read the above information, asked any questions I might have, and have received answers. I consent to participate in the study.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Subject*

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(If minors or others unable to provide informed consent are involved)*

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last revised: Oct. 2019*