Central State University

**CONSENT TO PARTICIPATE IN RESEARCH**

[*Insert title of the study.*]

You are asked to participate in a research study conducted by [*insert names and degrees of all investigators, including faculty sponsor if applicable*], from the [*insert department affiliation*] at the Central State University. You were selected as a possible participant in this study because [*explain why the potential subject is eligible to participate*]. Your participation in this research study is voluntary.

**PURPOSE OF THE STUDY**

[*State what the study is designed to assess or establish - in approximately 2 sentences*]

**PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following:

[*Describe the procedures chronologically using simple language, short sentences and short paragraphs. Specify location, the total length of time for participation, number of visits, etc.*]

**POTENTIAL RISKS AND DISCOMFORTS**

[*Describe any reasonable foreseeable risks, discomforts, inconveniences, and how these will be managed.* *If there are significant physical or psychological risks to participation that might cause the researcher to end the subject's participation in the study, please describe them.*]

**POTENTIAL BENEFITS TO SUBJECTS AND/OR COMMUNITY**

Your participation in the research may ... [*Describe benefits to subjects expected from the research. If the subject will not directly benefit from participation, please state, "You will not directly benefit from your participation in the research."*]

The results of the research may ... [*Describe the potential benefits, if any, to the subject and/or community that is expected from the research.*]

**PAYMENT/C0MPENSATION FOR PARTICIPATION**

You will receive ... [*describe payment/compensation in detail*] [*If subject will not receive payment/compensation, state simply "You will receive no payment or compensation for your participation."*]

**CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Confidentiality will be maintained by means of ... [*describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc.*].

**PARTICIPATION AND WITHDRAWAL**

You may choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind.

**IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact: [*add names, phone numbers, and addresses for: Principal Investigator, Faculty Sponsor, Co-Investigator(s)*]

**RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal rights because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the IRB Chair at Central State University, 1400 Brush Row Rd, P.O. Box 1004, Wilberforce, Ohio 45384 or at (937) 376-6689.

**SIGNATURE OF RESEARCH SUBJECT**

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

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Name of Subject

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Signature of Subject Date

**SIGNATURE OF INVESTIGATOR OR DESIGNEE**

In my judgment the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

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Name of Investigator or Designee Date

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Signature of Investigator or Designee Date