**Central State University**

|  |
| --- |
| Study Title: [insert study title] |

## Consent to Participate in a [insert type of interview]

You are asked to participate in an interview for [insert type of interview] because you are a research subject in the above referenced research study under the direction of [insert PI name and Department] at Central State University. Should you choose to participate in the [insert interview type], your participation is voluntary and you interview information (insert may or may not) be part of the research.

You may choose not to be interviewed, or may stop your participation in the interview at any time without affecting your relationship with Central State University.

Purpose of the Interview

[insert description of purpose]

Interview Procedures

[insert description of type of interview, estimated length, where, how and when the interview will take place]

 **PRIVACY AND CONFIDENTIALITY**

**As a result of volunteering to be interviewed, your identity will be known to the researcher and/or his/her assistant(s) and will no longer be confidential. However, your signed confidentiality agreements with Central State University agreeing to not reveal your identity will continue to be in effect.**

In the interview, [insert options for subject to disguise their true identity or explain what will be divulged about a subject’s identity as a result of participating]. [insert the following if accurate: No personal information other than your first name will be shared with the interviewers].

 **PARTICIPATION AND WITHDRAWAL**

YOUR DECISION TO TAKE PART IN THE INTERVIEW IS VOLUNTARY. If you volunteer to be interviewed, you may withdraw your permission for the interview at any time without consequences of any kind. Your willingness to participate in this interview (insert will, or will not) affect your ability to continue in this research protocol. You may also refuse to answer any questions you don’t want to answer and still remain in the study. You (insert will or will) not be paid for the interview.

 **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact [insert investigator and co-investigators contact information].

 **RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies 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 by phone at (937) 376-6689 or email at irb@centralstate.edu .

If you have questions regarding [insert interview entity name], you may contact [insert interview entity or contact person]. We will not provide anyone with any private information about you (e.g., your full name, address, or telephone number).

Additionally, if you have further questions regarding the interview you may contact [insert appropriate Central State University contact].

|  |
| --- |
| **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 media interview. I have been given a copy of this form.

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

Name of Subject

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

Signature of Subject Date

|  |
| --- |
| **SIGNATURE OF INVESTIGATOR**  |

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.

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

Signature of Investigator Date