##  CONSENT FORM TEMPLATE

Widener University IRB Protocol Number LEAVE A BLANK, A NUMBER WILL BE ASSIGNED.

INVESTIGATOR(S) NAME: INSERT THE NAME(s) AND CREDENTIALS OF THE PRINCIPAL INVESTIAGTOR(s) AND ANY CO-INVESTIGATORS. INCLUDE THE INSTUTIONAL AFFLIATION(s) OF THE INVESTIGATOR(s).

**STUDY TITLE:** INSERT STUDY TITLE.

**PURPOSE OF THE STUDY**

The purpose of this research study is to DESCRIBE THE PURPOSE OF THE STUDY IN ONE OR TWO SENTENCES IN LAY TERMS. DO NOT CUT AND PASTE THE STUDY PURPOSE STATEMENT OR SPECIFIC AIMS FROM THE APPLICATION..

I am being asked to be a participant in the study because USING LANGUAGE UNDERSTANDABLE TO SOMEONE WHO IS NOT A RESEARCHER, CLEARLY DESCRIBE WHY THE PARTICIPANT IS BEING ASKED TO BE IN THE STUDY. COMMUNICATE THE STUDY INCLUSION AND/OR EXCLUSION CRITERIA.

**DESCRIPTION OF THE STUDY**

As a participant in the study, I will be asked to DESCRIBE THE STUDY PROTOCOL IN LANGUAGE THAT WILL BE UNDERSTANDABLE TO THE PARTICIPANT. IDENTIFY EACH THE STEPS REQUIRED FOR PARTICIPATION IN THE STUDY. DESCRIBE WHEN, WHERE AND HOW DATA WILL BE COLLECTED. IDENTIFY AND DESCRIBE THE TYPES OF DATA BEING COLLECTED INCLUDING DEMOGRAPHIC MEASURES.

DO NOT CUT AND PASTE TEXT FROM THE PROTOCOL DESCRIBED IN THE APPLICATION INTO THIS SECTION AS A STUDY DESCRIPTION. THE INFORMATION WILL NOT BE UNDERSTANDABLE TO A NON-SCIENTIST.

The amount of time required to participate in the study is DESCRIBE HOW MUCH TIME IS REQUIRED TO COMPLETE THE STUDY..

There will be no cost to me related to study participation.

**OR**

DESCRIBE ANY ANTICIPATED COST ASSOCIATED WITH STUDY PARTICIPATION SUCH AS THE COST TO TRAVEL TO LOCATION WHERE THE STUDY IS BEING CONDUCTED OR OTHER RELATED EXPENSES.

**RISKS AND DISCOMFORTS**

As a participant in this study, I may experience CLEARLY DESCRIBE ALL ANTICIPATED RISKS INCLUDING THE POTENTIAL FOR LOSS OF PRIVACY. THE RISKS DESCRIBED HERE SHOULD ALSO BE DESCRIBED IN THE APPLICATION..

The risk that I might experience will be minimized by DESCRIBE THE PROCEDURES THAT WILL BE IMPLEMENTED BY THE INVESTIGATOR TO MINIMIZE ANY ANTICIPATED OR UNANTICIPATED RISK. CLEARLY INDICATE THE POTENTIAL TO STOP STUDY PARTICIPATION, SKIP QUESTIONS OR TAKE A BREAK AND RESUME STUDY PARTICIPATION..

If I experience any of the risks identified, I should DESCRIBE WHAT THE STUDY PARTICIPANT SHOULD DO IF ANY RISK, ANTICIPATE OR UNANTICIPATED, OCCURS. IDENTIFY HOW THE PARTICIPANT SHOULD INFORM THE INVESTIGATOR AND DISCUSS THE ABILITY TO STOP STUDY PARTICIPATION OR SKIP QUESTIONS..

**BENEFITS**

There may be no direct benefits of participating in this study; however, the knowledge received may be of value to DESCRIBE THE BENEFIT FOR SOCIETY AND/OR THE INVESTIGATORS FIELD OF STUDY OR PROFESSION..

**OR**

As a participant in the study, I may benefit by DESCRIPT ANY BENEFIT THAT CAN BE REASONABLY BE EXPECTED FROM STUDY PARTICIPATION.. In addition, the knowledge received may be of value to DESCRIBE THE BENEFIT FOR SOCIETY AND/OR THE INVESTIGATORS FIELD OF STUDY OR PROFESSION..

**ALTERNATIVE PROCEDURES**

The alternative to participating in this study is to not participate. There is no penalty for not participating in the study.

**OR**

 DESCRIBE THE ALTERNATIVES THAT ARE AVAILABLE TO THE SOMEONE WHO DOES NOT WANT TO PARTICIPATE IN THE STUDY..

**CONFIDENTIALITY**

All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. I understand that data generated by the study may be reviewed by Widener University's Institutional Review Board, which is the committee responsible for ensuring my welfare and rights as a research participant, to assure proper conduct of the study and compliance with university regulations. If any presentations or publication result from this research, I will not be identified by name.

The information collected during my participation in this study will be kept INDICATE HOW LONG ALL DATA WILL BE KEPT, WHICH INCLUDES BOTH PAPER AND ELECTRONIC COPIES OF THE DATA COLLECTED..

Data from the study will be stored DESCRIBE WHERE THE DATA COLLECTED FROM THE PARTICIPANT WILL BE STORED..

My privacy and confidentiality will be protected by DESCRIBE THE PROCEDURES THAT WILL BE IMPLEMENTED TO SECURE THE DATA AND THAT PARTICIPANTS PRIVACY AND CONFIDENTIALITY ARE PROTECTED..

**TERMINATION OF PARTICIPATION**

I may choose to withdraw from this study at any time and for any reason. If I choose to drop out of the study, I will contact the investigator and my research records will be destroyed.

The researcher may terminate my participation in the study DESCRIBE THE CONDITIONS UNDER WHICH THE INVESTIGATOR WOULD TERMINATE STUDY PARTICIPATION.. Any data collected DESCRIBE WHAT WILL HAPPEN TO ANY DATA THAT IS COLLECTED IF THE INVESTIGATOR TERMINATES THE PARTICIPANTS INVOLVEMENT IN THE STUDY..

**PLEASE INCLUDE THIS STATEMENT IF THE STUDY IS ANONYMOUS; IF THE STUDY IS NOT ANONYMOUS DELETE THIS STATEMENT 🡪** If this is an anonymous survey, my research records cannot be destroyed following submission of the survey.

**COMPENSATION**

I will not receive payment for being in this study. Participation in this study is strictly voluntary. There will be no cost to me for participating in this research.

**OR**

As a study participant, I will receive the following for being in this study: CLEARLY DESCRIBE IN DETAIL THE TYPE OF COMPENSATION THAT IS AVAILABLE.. To receive the compensation, I must INDICATE THE REQUIREMENTS THAT MUST BE COMPLETED TO RECEIVE THE IDENTIFIED COMPENSATION.. Compensation will be provided IDENTIFY WHEN AND HOW THE COMPENSATION WILL BE PROVIDED..

**INJURY COMPENSATION**

Neither Widener University nor any government or other agency funding this research project will provide special services, free care, or compensation for any injuries resulting from this research. I understand that treatment for such injuries will be at my expense and/or paid through my medical plan.

**QUESTIONS**

All of my questions have been answered to my satisfaction and if I have further questions about this study, I may contact IDENTIFY THE PRIMARY STUDY INVESTIGATOR’S NAME., at PROVIDE CONTACT INFORMATION SUCH AS A PHONE NUMBER AND/OR E-MAIL ADDRESS.. If I have any questions about the rights of research participants, I may call the Chairperson of the Widener University’s Institutional Review Board at 610-499-4110.

**VOLUNTARY PARTICIPATION**

I understand that my participation in this study is entirely voluntary, and that refusal to participate will involve no penalty or loss of benefits to me. I am free to withdraw or refuse consent, or to discontinue my participation in this study at anytime without penalty or consequence.

I voluntarily give my consent to participate / for my child to participate in this research study. I understand that I will be given a copy of this consent form.

Signatures:

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

Participant’s Name (Print)

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

Participant’s Signature Date

I, the undersigned, certify that to the best of my knowledge, the subject signing this consent form has had the study fully and carefully explained by me and have been given an opportunity to ask any questions regarding the nature, risks, and benefits of participation in this research study.

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

Investigator’s Name (Print)

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

Investigator’s Signature Date

Widener University’s IRB has approved the solicitation of participants

for the study untilLEAVE BLANK. THE STUDY EXPIREATION DATE WILL BE PROVIDED.