

BENEFITS ANTICIPATED: (Describe any reasonable expected benefits from the research to the participant or others from the research. If there are no anticipated benefits, make a statement to that effect.)

EXTENT OF CONFIDENTIALITY: (Explain how you plan to protect confidentiality. Adequate provisions must be made to protect the privacy of subjects and to maintain confidentiality of identifiable information. Explain how your procedures accomplish this objective; such as means of data storage, data location and duration, description of persons with access to the data, and method of destroying the data when completed. Include at least a general statement such as: “Your name will not be associated in any way with the information collected about you or with the research findings from this study. The researcher(s) will use a study number, initials, or a pseudonym instead of your name.” Also include who this information may be shared with such as a list or group of persons external to PSU, such as collaborating researchers, colleagues, sponsors of the research, etc. The following statement only needs to be included if protected health information (PHI) subject to HIPAA’s Privacy Rule will be disclosed: “Some persons or groups that receive your information may not be required to comply with the Health Insurance Portability and Accountability Act’s privacy regulations, and our information may lose this federal protection if those persons or groups disclose it.” Also state, “The researchers will not share information about you with anyone not specified above unless required by law or unless you give written permission.”)

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY

OCCURS: (Applies in cases where more than minimal risk is involved. Include a statement closely resembling the following: “In the event of injury, the Kansas Tort Claims Act provides for compensation if it can be demonstrated that the injury was caused by the negligent or wrongful act or omission of a state employee acting within the scope of his/her employment.”)

PARENTAL APPROVAL FOR MINORS: (If minors or those who require the approval of a parent or guardian are participants, you should include a space for their consenting signature.)

TERMS OF PARTICIPATION: (Include the following statements or one minimally modified:) **I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits or academic standing to which I may otherwise be entitled.**

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the PI to maintain a signed and dated copy of the same consent form signed and kept by the subject.)

Participant Name: _____

Participant Signature: _____ Date: _____

Witness to Signature: (Project Staff) _____ Date: _____

PITTSBURG STATE UNIVERSITY

INFORMED CONSENT TEMPLATE

PROJECT TITLE: _____

APPROVAL DATE OF PROJECT: _____

EXPIRATION DATE OF PROJECT: _____

PRINCIPAL INVESTIGATOR: _____

CO-INVESTIGATOR(S): _____

CONTACT AND PHONE FOR ANY PROBLEMS/QUESTIONS: _____

IRB CHAIR CONTACT/PHONE INFORMATION: _____

SPONSOR OF PROJECT: _____

PURPOSE OF THE RESEARCH: _____

PROCEDURES OR METHODS TO BE USED: _____

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:

LENGTH OF STUDY: _____

RISKS ANTICIPATED: _____

BENEFITS ANTICIPATED: _____

EXTENT OF CONFIDENTIALITY: _____

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS:

PARENTAL APPROVAL FOR MINORS: _____

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(Remember that it is a requirement for the PI to maintain a signed and dated copy of the same consent form signed and kept by the subject.)

Participant Name: _____

Participant Signature: _____ Date: _____

Witness to Signature: (Project Staff) _____ Date: _____