# Saint Mary-of-the-Woods College
# CONSENT TO PARTICIPATE IN RESEARCH

Title of the Research Study: [Title]
Principal Investigator: [Name, credentials, institution]
Co-investigator: [Name, credentials, institution]
Study Sponsor: [Name, if no sponsor, delete this line]

You are being asked to participate in a research study about [key concepts of the research study]. Key information for you to consider is provided below. Please carefully consider this key information and read this entire form to obtain more detailed information about this research study. Please feel free to ask questions about any of the information before deciding whether to participate in this research project. Participating in this research project is voluntary.

Key Information

- Purpose of the researcher study
  : This study is to [Enter the purpose of the study].
- Procedure and Duration
  : You will be asked to [Brief description of the procedure and identification of any procedures that are experimental]. This will take approximately [Expected time amount of participation].
- Risks and discomfort
  : Risks or discomforts from this research study include [Description of reasonably foreseeable risks or discomforts].
- Potential benefits
  : Benefits that may be expected from this research study include [Description of potential benefits].
- Participation is voluntary.

## Purpose of the Research

The purpose of the research study is [An explanation of the purposes of the research]. You are being asked to participate because [A statement of the key inclusion/exclusion criteria].

## Procedures

[A description of the procedures]
[Identification of any procedures that are experimental]
[The expected duration of the participation]

## Risks or Discomforts

[A description of reasonably foreseeable risks or discomforts]
[A statement how the researchers minimize the risks or discomforts]
[Management of the discomforts or research-related injury]

**Potential Benefits**

[Description of potential benefits]
[If there is no direct benefit from the study, describe how others might benefit.]

**Confidentiality**

[Describe how to maintain confidentiality and who can access the data.]
Any of your information that can directly identify you will be stored separately from the data that will be maintained for a period of three years in a password-protected electronic storage [or in a locked box].

**Compensation/Costs**

[An information of any compensation or costs]
[If not, delete this section]

**Voluntary Participation**

It is entirely voluntary to participate in this research study. You can decline participation in the study by not signing the consent form. You can withdraw from the study at any time without penalty by contacting the co-investigator, [Name of the co-investigator], at [The co-investigator's contact information] even if you decide to be part of the study now.

**Use of Data for Future Study**

Data that does not contain information directly identifying you could be used for future research studies or distributed to another investigator for future research studies without additional informed consent [or the subject's information collected as part of the research will not be used or distributed for future research studies].

If you have questions about this research study, please contact the principal investigator or co-investigator.

Principal Investigator
[Name, credentials]
[Contact information (e.g., address, phone, and email)]
Co-investigator
[Name, credentials]
[Contact information (e.g., address, phone, and email)]

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on _____. If you have questions or concerns about your rights as a research participant, you may contact the chair of the Human Subjects Institutional Review Board.

Chair, IRB
Dr. Lamprini Pantazi, Chair, Human Subjects Institutional Review Board
Saint Mary-of-the-Woods College
Saint Mary of the Woods, IN 47876
(812) 535-5232

lpantazi@smwc.edu

My signature below indicates that I am 18 years of age or older, I have been informed about this study, I consent to participate, and I have received a copy of this consent form.

_____ _____

Signature Date

*Note: If participant is under the age of 18, participant's parent or guardian must sign the consent form and the participant must sign an assent form.*

***Updated 01/14/2019***