Andrews University

INFORMED CONSENT FORM

Instructions: *This is a consent form template. It is meant to guide you through the various elements of informed consent. The language provided here is not required and researchers should modify it such that it is appropriate for their study and their study participants. Please provide information in the sections below, replacing italicized directions/guidance (in red font color) with the appropriate information about your research protocol. If any sections do not apply to the research you will be conducting, delete those sections from the form.*

Research Title: *Research Title here.*

Please read this consent document carefully before you decide to participate in this study.

Principal Investigator: *Include Co-investigators as applicable.*

Research Advisor:

Statements about the Research:
This research study is part of my _____ project, in partial fulfillment for my _____ in _____, at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

Purpose of Study: The purpose of this research is to _____.

Procedures: *Explain in simple non-scientific language what will be happening to the participant or what s/he will be asked to do during the study. Describe the participant's time commitment for each component. All procedures listed in the IRB application and funding proposal (as applicable) should be described here, and experimental procedures (e.g., interventions, manipulations, treatments) should be specifically noted.*

Duration of participation in study: *Explain how long it will take a subject to participate in your study procedures.*

Risks and Benefits: *In simple non-scientific language, describe any reasonably foreseeable risks or discomforts:*

If there are no known risks, state: I/We do not anticipate any risks from participating in this research.

For research which may involve more than minimal risk of injury the subject should be informed of the following statement which must appear in the consent form: (to be modified for off-campus research). **"In the unlikely event of injury resulting from this research, Andrews University is not able to offer financial compensation nor to absorb the costs of medical treatment. However, assistance will be provided to research subjects in obtaining emergency treatment and professional services that are available to the community generally at nearby facilities. My signature below acknowledges my consent to voluntarily participate in this research project. Such participation does not release the investigator(s), sponsor(s) or granting agency/agencies from their professional and ethical responsibility to me."**

Voluntary Participation: Participation in this study is completely voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you may otherwise be entitled.

Privacy/Confidentiality/Data Security

Briefly explain how you will protect the participant's privacy and/or confidentiality.

De-identification of

Statement of Consent *(Signed consent is not necessary in all situations, and will not be possible if your study is anonymous. If you think that signatures will jeopardize y*