

This sample consent form contains the minimum elements which the Institutional Review Board requires for use of human participants in research. A consent form may or may not be needed. Please call the Dean of Enrollment and Graduate Studies if in doubt (921-5711). Its use is recommended, WITH INFORMATION YOU SUPPLY AS INDICATED IN PARENTHESES. Different consent forms may be used, or a cover letter may be required rather than a consent form, but they should include at least the information indicated below. It may be necessary in some cases to do separate consent forms for various aspects of a study, such as different participant groups or individual phases of a multi-phase study. NOTE: THE OVERSIGHT PARAGRAPH IN THE BOX AT THE BOTTOM OF THIS SAMPLE FORM MUST BE INCLUDED ON THE BOTTOM OF EACH CONSENT FORM OR COVER LETTER.

**[SAMPLE]
CONSENT FORM**

I agree (OR, I give my consent for _____) to participate in the research entitled (title of research), which is being conducted by (investigator's name, department, and phone number where investigator can be contacted). I understand that this participation is entirely voluntary; I can withdraw my consent (OR, I or my child can withdraw consent) at any time without penalty and have the results of the participation, to the extent that it can be identified as mine (OR, my child's), returned to me, removed from the experimental records, or destroyed.

The following points have been explained to me (and my child):

- 1) The reason for the research is (give a short justification).
The benefits that I may expect from it are: (list specific benefits to the participant, if any).
- 2) The procedures are as follows:
(Describe what will happen to the participant, including the time, place, and duration. In clinical studies involving experimental treatments, identify the parts which are new or experimental, and indicate how they differ from other procedures which could be followed. If deception is necessary, state: "In order to make this study a valid one, some information about my (or my child's) participation will be withheld until after the study.")
- 3) The discomforts or stresses that may be faced during this research are:
(If none foreseen, so indicate.)
- 4) Participation entails the following risks:
(List all potential physical, psychological, social, or legal risks. If none foreseen, so indicate. If risks exist, list the steps to be taken if harm should come to the participant, including any availability of medical treatment if needed.)
- 5) The results of this participation will be anonymous. (OR, confidential, and will not be released in any individually identifiable form without my prior consent, unless required by law). (Any special procedures regarding anonymity or confidentiality should be described here. NOTE: If the identity of the participant is known by you or anyone else, participation is NOT anonymous. Participation CANNOT be both anonymous and confidential. Any taping to be done should be addressed here; and, give a date - month and year - for erasing the tapes.)
- 6) The investigator will answer any further questions about the research, either now or during the course of the project.

Signature of Investigator

Signature of Participant
[or parent(s) or guardian(s)]

Date: _____

THE FOLLOWING STATEMENT MUST BE INCLUDED IN THE CONSENT FORM:

PLEASE SIGN BOTH COPIES OF THIS FORM. KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR. Research at Armstrong Atlantic State University which involves human participants is carried out under the oversight of the Institutional Review Board. Questions or problems regarding these activities should be addressed to Michael E. Price, Chair, IRB. Telephone 921-5711.