Participant Consent Form Template:

You are invited to participate in a research study regarding [brief project description] and conducted through [*institution and partners*]. Please read this form carefully and ask any questions you may have before agreeing to be in the study. You will be given a copy of this form to keep for your records.

**Purpose:** The purpose of this study is [*describe the nature and purpose of the study in a few sentences*].

**Procedures:** If you agree to be in this study, you will be asked to [*explanation of what the participant is being asked to do*] regarding [*state the topic*]. This should take approximately [*approximate time commitment*].

**Risks and Benefits:** We do not anticipate any specific risks resulting from this study [*or acknowledge unpredictable risks if appropriate*].  The study will not have any direct benefits for you, [*or describe any benefits or incentives*] but your participation will help us learn more about [*describe any potential benefits for the researcher*].

**Voluntary Nature of Participation:** Your decision whether or not to participate will not affect your current or future relations with [*institution administering the study*].  If you decide to participate, you are free to withdraw at any time without affecting those relationships.  You may decline to answer any questions that you do not feel comfortable answering.

**Confidentiality:** This research will not include any information that will make it possible to identify you.  All data collected from [*describe data collection procedure, i.e., survey, interview, etc.*] will be kept in a locked file.  Only the researcher will have access to this file.  This consent form will be stored in a locked file separately from the data and will be destroyed at the end of the study.

**Contacts and Questions:** The researcher conducting this study is [*researcher name*]. If you have questions later, you may contact him/her at [*researcher contact information*].

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the [*institution IRB name]* at [*contact information for Internal Review Board*].

**Statement of Consent:** I have been given information about this research study and its risks and benefits and have had the opportunity to ask questions and have them answered to my satisfaction.  I consent to participate in this study.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**