

Institutional Review Board

Olmsted Administration Building

1800 Lincoln Avenue

Evansville, IN 47722

Phone (812) 488-2453

<https://www.evansville.edu/institutional-research-board/>

Adult Informed Consent Form

|  |  |
| --- | --- |
| Study Title: | {Insert} |
| Investigators/Researcher(s): | {Insert name (s) & Email (s) |
| Department: | {Insert} |
| Faculty Sponsor(s): | {Insert name (s) & Email (s) |

We are inviting you to participate in a research study. Your participation is completely voluntary. We are asking you to participate because... {indicate why this person is eligible}. This consent form will give you information about the study to help you decide whether this is of interest to you. As we review this document, please ask questions as they come to mind. If you have questions later, contact the researcher(s) using the information that is enclosed below.

{Describe below in simple language}

**ABOUT THIS RESEARCH**

Overview: {Insert}

**WHY IS THIS STUDY BEING CONDUCTED?**

Purpose: {Insert} The purpose of this research is to [insert a sentence describing the purpose of the research]. Participants in this study will be asked to [insert a sentence describing the general procedure of the research]. Findings from this study will be used [insert a sentence describing where the findings will be presented. Will they appear in a thesis/dissertation? A scholarly publication? A research conference? A class presentation/project?

**WHAT WILL HAPPEN DURING THE STUDY?**

Research Procedure: {Insert} (If you agree to participate, you will do the following)

**HOW MANY PEOPLE WILL PARTICIPATE?**

{Insert}

**WHAT IS THE TIME COMMITMENT TO PARTICIPATE?**

{Insert}

**WHAT ARE THE RISKS OF PARTICIPATING IN THE RESEARCH STUDY?**

{Insert}

**WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?**

Benefits: Compensation: {Insert} (Be specific) or No Compensation

**HOW WILL MY INFORMATION BE PROTECTED?**

Confidentiality: {Insert}

**WILL MY INFORMATION BE USED FOR RESEARCH IN THE FUTURE?**

{Insert}

**WILL I BE PAID FOR PARTICIAPTION?**

{Insert}

**WILL IT COST ME TO PARTICIPATE?**

{Insert}

**HOW WILL DATA BE SECURED AND STORED?**

{Insert}

**WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?**

**Contact Information:**

|  |  |  |
| --- | --- | --- |
| For Questions About Research | {Insert Name(s) Here} | {Insert phone number(s)  Email(s) |
| For questions about your rights Complaints or Problems | University of Evansville  Dr. Kate Schwartzkopf, Institutional Review Board-Chair | [ks148@evansville.edu](mailto:ks148@evansville.edu)  812-488-2453  [IRB@evansville.edu](mailto:IRB@evansville.edu) |

**Signatures**

If you have had all your questions answered and would like to participate in this study, sign on the lines below. Remember, your participation is completely voluntary, and you’re free to withdraw from the study at any time.

Name of Participant (print)

\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of [authorized] person obtaining informed consent Date

If applicable, please explain Representative’s relationship with research participant, and their authority to act on their behalf.

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**A signed copy of the consent form should be given to the research participant or participant’s legally authorized representative.**