**Sample Informed Consent for Adults- Use information from your protocol to write this document. Use language that will be understood by your target population. Add “Page 1 of \_\_”, etc., at the bottom of each page and “Participant’s initials\_\_\_” at the bottom of each non-signature page. *Explanatory information is on the left.***

**LETTERHEAD**

**(NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)**

**INFORMED CONSENT**

**For a Research Study entitled**

**“place The Title of Your Study here”**

**You are invited to participate in a research study** to \_\_\_\_(purpose and objectives)\_\_\_. The study is being conducted by (your name, title), under the direction of (advisor, title) in the East Stroudsburg University Department of \_\_\_\_\_\_\_\_\_\_\_\_\_. You were selected as a possible participant because you are\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and you are 19 or older.

**What will be involved if you participate?** If you decide to participate in this research study, you will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your total time commitment will be approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Are there any risks or discomforts?** The risks associated with participating in this study are \_\_\_\_\_\_\_\_\_\_\_\_\_\_. To minimize these risks, we will \_\_\_\_\_\_\_\_\_\_. (If medical treatment may be necessary, add the following:) You are responsible for any costs associated with medical treatment.

**Are there any benefits to yourself or others?** If you participate in this study, your child can expect to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We/I cannot promise you that you will receive any or all of the benefits described.

**Will you or you receive compensation for participating?** To thank you for participating, you will be offered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Are there any costs?** If you decide to participate, you will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**If you change your mind about participating**, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with ESU, the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_.

**Participants Initials \_\_\_\_\_\_\_\_ Page 1 of 2**

*Print your document on your dept.’s letterhead*

*Invite; describe purpose (Protocol section 9) and inclusion criteria (Protocol section 12)*

*Add this statement*

*Briefly explain what will occur during the study (from Protocol section 13b)*

*If you will provide partial compensation after participant withdraws, include here (section 12e)*

*Use information from the protocol, if applicable*

*Information from Protocol section 1*

*Use information from Protocol section 16*

*Include this at the bottom of any non-signature page; add page numbers*

*Describe any foreseeable risks or discomforts and how they will be minimized (Protocol sections 14 & 15)*

*Use this heading*

**Your privacy will be protected.**  Any information obtained in connection with this study will remain *anonymous or confidential.* Information obtained through your child’s participation may be \_\_\_\_\_\_\_\_\_\_\_\_\_(e.g. *used to fulfill an educational requirement, published in a professional journal, presented at a professional meeting, etc…)*

**If you have questions about this study,** please ask them now or contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A copy of this document will be given to you to keep.

**If you have questions about your rights as a research participant**, you may contact the East Stroudsburg University Institutional Review Board by phone (570)-422-3336 or e-mail at [sdavis@po-box.esu.edu](mailto:sdavis@po-box.esu.edu).

**HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHERE OR NOT YOU WISH TO PARTICIPATE IN THIS RESARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.**

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

**Participant Signature Date** Investigator obtaining consent Date

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

Printed Name Printed Name

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

Co-Investigator Date

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

Printed Name

**Page 2 of 2**

*Describe whether the data is anonymous or confidential, how it will be protected and the extent to which it will be maintained.*

*Print your document on your dept.’s letterhead*

*Include other info- (alternative procedures, investigator’s right to terminate study…)*

*You must include this statement*

*If applicable, add these lines*

*Add page number*

*Both the participant and the investigator sign at the same time*

*You must include this statement*

*Include investigator’s & advisor’s contact info*