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.*

Print your document on your dept.'s letterhead	**LETTERHEAD**
	INFORMED CONSENT **For a Research Study entitled** **"place The Title of Your Study here"**
Use this heading	**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.
Invite; describe purpose (Protocol section 9) and inclusion criteria (Protocol section 12)	**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 _____.
Briefly explain what will occur during the study (from Protocol section 13b)	**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.
Describe any foreseeable risks or discomforts and how they will be minimized (Protocol sections 14 & 15)	**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.
Use information from Protocol section 16	**Will you or you receive compensation for participating?** To thank you for participating, you will be offered _____.
Information from Protocol section 1	**Are there any costs?** If you decide to participate, you will _____.
Use information from the protocol, if applicable	**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 If you choose to withdraw, your data can be withdrawn as long as it is identifiable.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 _____.
If you will provide partial compensation after participant withdraws, include here (section 12e)	**Participants Initials _____** **Page 1 of 2**
Include this at the bottom of any non-signature page; add page numbers	

Describe whether the data is anonymous or confidential, how it will be protected and the extent to which it will be maintained.	**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…)*
Include other info- (alternative procedures, investigator's right to terminate study…)	
Include investigator's & advisor's contact info	**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.
You must include this statement	**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@esu.edu.
You must include this statement	**HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHEATHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.**
Both the participant and the investigator sign at the same time	_____ _____ **Participant Signature Date** Investigator obtaining consent Date _____ _____ Printed Name Printed Name _____ Co-Investigator/Witness Date _____ Printed Name
Add page number	**Page 2 of 2** NOTE: PROVIDE COPY TO SUBJECT.