**Consent to Participate in Research**

*Information to Consider About this Research*

 ***[Title of Research Study]***

Principal Investigator:

Department:

Contact Information: *(include address and phone. If PI is a student, include name, address and phone number of faculty adviser):*

You are being invited to take part in a research study about *[describe your research topic].* If you take part in this study, you will be one of about *[number]* people to do so. By doing this study we hope to learn *[describe purpose of your research].*

The research procedures will be conducted at *[state the site where the research will be conducted, or describe online link to survey].*

You will be asked to *[describe specifically what subjects will be asked to do, e.g., “complete an association test using a computer program,” “answer questions about your food preferences,” etc. For more information on what to include in procedures, see our* [***Researcher’s Guide***](http://www.orsp.appstate.edu/protections/irb/guide) *]*

*If there are any reasons why someone should not participate, state in basic, lay language, e.g., You cannot volunteer for this study if are under 18 years of age.*

**What are possible harms or discomforts that I might experience during the research?**

*Explain risks, e.g., To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.*

**What are the possible benefits of this research?**

*Do not include compensation in this section. Describe the benefits to the individual. If there are none, please state:* There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by *describe the benefits to society.*

**Will I be paid for taking part in the research?**

We *[will/ will not]* pay you for the time you volunteer while being in this study. *If participants will be compensated, explain whether the payment will be made in whole (regardless of whether the participant completes the study) or be pro-rated by visit/procedures, etc. If compensation exceeds $50 include the statement:* *Current University policy requires the collection of Social Security numbers (or Appalachian Banner ID numbers) if study compensation is more than $50 for a single study or $599 for participation in multiple studies in a calendar year.  Since the compensation for this study is more than $50, you will need to provide your address and Social Security number (or Appalachian Banner ID number) when you complete the form for payment.*

**How will you keep my private information confidential?**

*If the study is anonymous, with no identifying characteristics linked to the information gathered in any way, include the following.* This study is anonymous. That means that no one, not even members of the research team, will know that the information you gave came from you.

*If the study is confidential, with names linked to the information gathered, include the following.* We will make every effort to prevent anyone who is not on the research team [and anyone else who will see the data e.g., (sponsor), etc.] from knowing that you gave us information or what that information is. *For studies with identifying info, explain in simple terms the effort you are making to protect the confidentiality of the information. Examples include: names being kept separate from information, replacing names with numbers. If there are any known situations where confidentiality cannot be guaranteed, please describe, and state:* Your data will be protected under the full extent of the law.

*Tell the participants how long data and identifying information (e.g., audio or video recordings) will be kept. It should also be explained (when applicable) that the information may be stripped of identifiers and use in future research without anyone knowing it is information from the participant.*

**Who can I contact if I have questions?**

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at *[insert telephone number].*  If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at irb@appstate.edu or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

**Do I have to participate? What else should I know?**

Your participation in this research is completely voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. If you decide to participate in this study, let the research personnel know. A copy of this consent form is yours to keep.

This research project has been approved by the Institutional Review Board (IRB) at Appalachian State University.

This study was approved on:

This approval will expire on \_\_\_\_\_\_\_\_\_\_ unless the IRB renews the approval of this research.

Participant's Name (PRINT) Signature Date

*[Remove the signature line if you are not obtaining signed consent forms.]*