Informed Consent Form Template

Principal Investigator:

Co-Investigator(s):

Title of Study:

Participant Name:

I have been asked to participate in a research study that is investigating [describe the general purpose of study]. By participating in this study, I understand that I will be asked to [list activities – e.g. answering questionnaires, interviewing, participating in a group discussion, etc.] and that my approximate total time of involvement will be [minutes].

I understand that:

1. The possible risks of this study include [list known risks or side effects; if none, state so].
2. The possible benefits of this study to me are [enumerate; if none, state so].
3. I may choose not to answer any questions that I find embarrassing or offensive.
4. My participation is voluntary and that I may refuse to participate or discontinue my participation at any time without penalty or loss of benefits to which I am otherwise entitled.
5. After my participation, if I experience any undue anxiety or stress or have questions about the research or my rights as a participant, that may have been provoked by the experience [name of researcher] will be available for consultation. In the unlikely event of physical injury, [name] will be able to provide direction to medical assistance.
6. The results of this study may be published, but my name or identity will not be revealed and my records will remain confidential. My individual results will not be released without my written consent.
7. My consent is given voluntarily without being coerced for forced.
8. Any questions I have concerning my participation in this study will be answered by [list names and degrees of people who will be available to answer questions].

_______________________________  _______________________
Participant or Responsible Party       Date

_______________________________  _______________________
Witness                               Date