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***Delete all instructions in red before submitting to the IRB. Customize the language in black as needed to fit your study.***

**Informed Consent**

**Please read this consent document carefully before you decide to participate in this study. The researcher will answer any questions before you sign this form.**

**CUP-IRB Approved Study#:** <Study Number # \*Received upon IRB approval\*>

**Study Title**: <Study Title>

**Purpose of the Study**: <State that this is research, the purpose of the research and how participants were chosen>

**Procedures**: If you decide to be a part of this study, you will be asked to do the following: <State what will be involved in participation, provide a detailed description of any procedures, whether or not they are experimental, and provide the amount of time required to participate> \*be sure to use common language and avoid jargon\*

**Potential Risks of Participating**: <Discuss any potential risks, if risk is minimal, state risks are no more than those encountered in everyday life> <if emotional upset is possible, state so><language from the protocol’s risk section would be appropriate here><explain how risks will be addressed, if applicable>

**Potential Benefits of Participating**: <Discuss potential benefits to participants, science, society.>

**Compensation**: <If compensation will be offered, elaborate here>

**Confidentiality**: We will collect the following identifying information for the research: <**List** **Examples**>**:** your name, email address, and the specific class you’re enrolled in>. This information is necessary <explain why / what it will be used for. **Example:** This information is necessary so that you can receive extra credit>.

<Explain how confidentiality will be assured and maintained, see example below>

*(Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number, instead of any personally identifying information. The list connecting your name to this number will be kept in a locked file [specify where]. When the study is completed and the data has been analyzed, the list will be destroyed. Your name will not be used in any report.)*

**Where will Data be Stored?** <Explain> **Example:** On the researchers’ computers **– or –** On the servers for the online survey software <Qualtrics>.

**How Long will it be Kept?** <Insert amount of time>

**Who can See my Data?** < Include anyone who may potentially access the data. Describe the purpose of this disclosure, and what type of data (identifiable, de-identified, etc.).

**<Include, if applicable>** **Identifiable private information and identifiable biospecimens:** <state whether or not, after removal of identifiers, identifiable information and biospecimens could be used in future studies without additional consent>

**Voluntary Participation**:

Your participation in this study is completely voluntary. There is no penalty for not participating. You may also refuse to answer any of the questions we ask you and/or refuse any of the procedures involved in the study.

**Right to Withdraw from the Study**:

You have the right to withdraw from the study at any time without consequence. If you decide to withdraw from the study your data (will/will not) be deleted from the study data.

**Whom to Contact if you Have Questions about the Study**: <List your and/or co-investigator contact information here.>

**Whom to Contact about your Rights as a Research Participant in the Study**:

Dr. Doreen Jowi, CUP-IRB Chair

Bloomsburg University

400 East 2nd Street

Bloomsburg, PA 17815

Email: BU-IRB-Chair@bloomu.edu

Phone: 570-389-4217

**Agreement**:

I have read this consent document and understand my part in the study described above. I have been given the opportunity to ask questions and have had all my questions answered satisfactorily. I know that if I am uncomfortable with this study, I can stop at any time. I have received a copy of this description. I voluntarily agree to participate in the study.

<If research participants do not receive a copy of their informed consent form, they should then receive an informational sheet including at least the title of your study, along with your name, contact information and the contact information for the IRB.>

**Participant Name (Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator/Research Consenter**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revise the consent language above to reflect the procedures and risks of the study you are proposing. Please consult PRP 3990 for additional requirements regarding the consent form:** [**https://intranet.bloomu.edu/policies\_procedures/3990**](https://intranet.bloomu.edu/policies_procedures/3990)

**Below are additional elements that may be required, if applicable to your study:**

* Indicate the sponsor of the study (if funded by external source)
* Provide alternatives to Participating (i.e. provide a different assignment that requires similar time/effort, if providing extra credit)
* Provide location of research study
* Statement that procedures may involve unforeseeable risks.
* Description of circumstances under which subject’s participation may be terminated by the investigator.
* Description of any additional costs to the subject.
* Description of any medical consequences of withdrawing from the study early and how to withdraw safely.
* Statement of whether or not significant findings that may affect the subject’s willingness to participate will be provided to the subject.
* Statement of whether or not clinically relevant research results will be communicated to the subject.
* Statement that subjects biospecimens may be used for commercial profit.
* Statement that whole genome or exome sequencing may be performed on the subjects biospecimens.