Daemen College Human Subjects Research Review Committee (Sample) Informed Consent

This template is provided for the researcher's guidance in developing an informed consent form. Modifications can and should be made as needed in light of your specific project, but all required parts must be included. See notes on medical research, compensation, letters from other institutions, and child assent forms on the next pages. Consent forms must make it clear that participation is the individual's decision. Therefore, do not start the form with "Dear Participant." Before submitting your informed consent form, use these instructions as a checklist to be sure have included everything required.

Title of Research Project:

Description of the Research Project:

[use language a layperson can understand]

Description of Participants' Role:

What will the participant be asked to perform?

How much time will be required of the participant?

Are there any perceived or anticipated risks to the participant? If so, how will subjects be assisted or referred for assistance?

Are there any benefits to the participant? Are there potential benefits to society?

Researcher(s)

This research project is being conducted by:

Name of researcher(s)

Dept. Address of researcher(s) Dept. Telephone number, e-mail address (optional)

Name of researcher(s)

Name of Faculty research supervisor (if applicable), Department phone number, e mail address.

Confidentiality:

All information will be published in group form and there will be no publication that could link your participation with the data. Confidentiality of each participant will be maintained. Any identifying information, such as this consent form, will be stored in a secure location separate from other data.

Consent to Participate:

I agree to participate in this study. I have been informed of the nature of the study and what is expected of me. I am over the age of 18 years. The researcher(s) have explained the research and answered questions to my satisfaction. I understand that I can withdraw from this research project at any time with no penalty. I will receive a copy of this form with the researcher's signature. In the event of any later concerns about this project, I will notify the researcher. Should I have any questions at a later time, I can contact the faculty research project Advisor, (Name, phone number.)

| Participant's Signature | Date |
|-------------------------|------|
| Researcher's signature | Date |

| not required; however, the committee advises student researchers to inform principals that they are doing research in the classroom and to show them the Certificates of Exemption. See | | | | |
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