

Invasive/Non-Invasive Consent Form Directions

- Read the form and adapt the text to fit your research.
 - **Orange text** needs to be adapted to fit your research.
 - **Green text** choose the statement that applies to your research and delete the other statement.
 - **Blue text** choose the appropriate option. Delete the other option not being used.
 - **Red text** delete from consent form.

- Format the document to un-bold the text and change the font color to black.

ADULT CONSENT FORM TEMPLATE

{Title of Study}

Purpose of this Study?

The study will help us learn how {Briefly describe the purpose of the study.}

Who can participate in this study?

We are looking for {Provide inclusion/exclusion criteria.}

Where will this study take place and how long will it last?

The study will take place in the {Building Name} building located on the {Texas Tech University campus or site}. The study will be conducted in {number of} visits.

What will I be asked to do?

During each visit a research member will provide you a detailed explanation of each procedure that you will be asked to do. The procedures are provided below. ****Note this only an example and may change according to your research. ****

- **First Visit:** {Provide a detailed explanation of the procedure.}
{Provide a detail of risks and or discomforts the participant may experience.}
{Amount of time this procedure will take.}
- **Second Visit:** {Provide a detailed explanation of the procedure.}
{Provide a detail of risks and or discomforts the participant may experience.}
{Amount of time this procedure will take.}
- **Third Visit:** {Provide a detailed explanation of the procedure.}
{Provide a detail of risks and or discomforts the participant may experience.}
{Amount of time this procedure will take.}

{Provide additional details and explanations about the procedures as well as any measurements taken.}

Are there any health benefits in participating in this study?

{CHOOSE ONE OPTION: There are no direct health benefits by participating in this study or You will (provide brief detail on health benefit)}. We appreciate your time and effort with this research study.

Will I receive compensation for participating?

{CHOOSE ONE OPTION: Yes, you will be compensated (amount) OR No, you will not receive compensation.}

Do I have to participate in this study?

No, you do not have to participate in this study. While the {TTU PI's Name and Co-Investigator's Name} and the Texas Tech University's Institutional Review Board have reviewed this research project and think you can participate comfortably, your participation is completely your choice.

Who will see the information collected from me?

{List who on the research team} will have access to the information provided and collected. Your name will not be linked to any material in reports, publications or presentations. No one other than the researchers associated with this project will have access to the raw data. All related documentation will be stored in the researcher’s locked office {and/or} on a password protected computer.

What will happen to my data?

Identifiers might be removed from the {CHOOSE ONE OPTION: identifiable private information OR identifiable biospecimens} and that, after such removal, the {CHOOSE ONE OPTION: information or biospecimens} could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative.

or

Your {CHOOSE ONE OPTION: information OR biospecimens} collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

I have some questions about this study. Who can I ask?

- The study is being run by {TTU PI’s Name and Co-Investigator’s Name} from the Department {Department’s Name} at Texas Tech University. If you have questions, you can call {him/her} at {XXX-XXX-XXXX.}
- Texas Tech University also has a Board that protects the rights of people who participate in research. You can contact them at 806-742-2064 or hrpp@ttu.edu.

I agree to participate in this research study.

I do not agree to participate in this research study.

Signature

Date

Printed Name