**DIRECTIONS**

**Consent Form**

*This document is an example. There are various ways to set up this document. This is just one example for you to use.*

* Read the document and adapt according to your research.
  + Adapt **ORANGE TEXT** to fit your research.
  + Choose the appropriate statement in **GREEN TEXT** that applies to your research. Delete the other statement not being used.
  + Choose the appropriate **BLUE TEXT** option. Delete the other option not being used.
  + Deletethe **RED TEXT** from the consent form.
* Format the document to un-bold the text and change the font color to black.
* Expedited and Full Board IRBs **REQUIRE** a consent form, signature, and date unless a waiver of written consent is requested through the IRB application. For waivers of written consent and consent for exempt research the researcher will remove the signature and date line from the consent form. The research team will provide an informed consent document to the participant. The research team will allow enough time for the participant to read the informed consent document and answer any questions the participant has about the research. The research team will ask the participant if they would like to participate in the research and get verbal consent. The research team will not audio/video record the verbal consent.

**CONSENT FORM**

**{Title of your study}**

**What is this research studying?**

This study will help us learn how **{briefly describe the purpose of your study.}**

**What will I do if I participate?**

In this study, you will be asked to **{describe the topics and what their participation entails in this study (this includes if there will be audio or video recording).}** There is a possibility that some of the questions and procedures may make you feel uncomfortable.

**What are the benefits of participating in this research?**

**{CHOOSE ONE OPTION: There are no anticipated benefits for your participation in this research. OR The benefits associated with this research are (Enter benefit(s)). {COMPENSATION/INCENTIVE IS NOT A BENEFIT.}**

**What are the risks of participating in this research?**

**{CHOOSE ONE OPTION: There are no anticipated risks for your participation in this research. OR The risks associated with this research are (Enter risk(s)).**

We appreciate your time and effort with this research study.

**Will I receive an incentive or compensation?**

**{If you are providing an incentive/compensation to the participant provide the following: a description of the incentive/compensation (includes extra-credit and non-monetary gifts); any restrictions or requirements for participant compensation, if it is a drawing provide the odds of winning, and the time frame of when the participant will receive the incentive/compensation.} {If you are providing compensation to the participant state the following: You will be asked to complete a Texas Tech University tax form to receive compensation. The form will ask you to provide your first and last name, address, citizenship, Social Security Number, phone number, and email. This information will be stored separately from your data and will be provided to Texas Tech University’s Payroll and Tax Services.}**

**Can I quit if I become uncomfortable?**

Yes, absolutely. **{TTU PI’s Name}** and Texas Tech University’s Institutional Review Board have reviewed this research project and think you can participate comfortably. However, you can skip parts of the research you are not comfortable with and stop at any time for any reason. You will keep all the benefits of participating even if you stop. Participating is your choice. Your decision to participate or stop participating will not impact your relationship with Texas Tech University.

**How long will participation take?**

We are asking for **{amount of time}** of your time.

**How are you protecting privacy?**

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. **{Include any specific protections that will be implemented by the research team based on the research procedures.}**

**{****If your research topic is about abuse/neglect of a child, an elderly individual, or an adult with disabilities or impaired decision-making skills; mental health, self-harm, criminal behavior, substance abuse; or sexual misconduct, discrimination, harassment or violence please add additional language found under the Confidentiality & Reporting Webpage.}**

**What will happen to my data?**

**Identifiers might be removed from the {CHOOSE ONE OPTION: identifiable private information OR identifiable biospecimens} and 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 you or your 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 of **{Department’s Name}** at Texas Tech University. If you have questions, you can call **{TTU PI’s Name}** at **{TTU PI’s contact information XXX-XXX-XXXX or TTU email}**.

Texas Tech University also has an Institutional Review Board that protects the rights of people who participate in research. You can contact them at 806-742-2064 or [hrpp@ttu.edu](mailto:hrpp@ttu.edu). You can also visit our website at [www.hrpp.ttu.edu](http://www.hrpp.ttu.edu).