**DIRECTIONS**

**Invasive/Non-Invasive 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 consent form 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. 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 have the participant sign the informed consent document. The research team will give a copy of the signed informed consent document to the participant.

**CONSENT FORM**

**{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 do if I** **participate?**

During each visit a research member will provide you with a detailed explanation of each procedure that you will be asked to do. The procedures are provided below. There is a possibility that some of the questions and procedures may make you feel uncomfortable.

**\*\*Note this is 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.}**

**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 (this 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.

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

**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 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 a Board that protects the rights of people who participate in research. You can contact them at 806-742-2064 or hrpp@ttu.edu. You can also visit their website at [www.hrpp.ttu.edu](http://www.hrpp.ttu.edu/).

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Signature of Participant Date

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Printed Name of Participant