Sample Informed Consent Documentation

1. Project Name: _____________________________________________

2. The purpose of the research is: ________________________________
   ______________________________________________________________

3. The general plan of the research is: _____________________________
   ______________________________________________________________

4. Estimated duration of the research is: __________________________

5. Estimated total number of subjects: ___________________________

6. The subject is encouraged to ask any questions at any time about the study and its procedures, or his/her rights as a subject.

7. The investigator's name, address, and telephone number are included below so that the subject may ask questions and report any study related problems. The investigators will do everything possible to prevent or reduce discomfort and risk, but it is not possible to predict everything that might occur. If a participant has unexpected discomfort or thinks something unusual or unexpected is occurring he/she should contact:

8. Subject participation is voluntary. Anyone who agrees to participate in this research may change his/her mind at any time. Subjects may withdraw from the study at any time without penalty or loss of benefits to which they are otherwise entitled.

9. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent:

10. The terms of compensation to the subject for study participation:

11. Participation in this research may result in the following benefits either to the subject, others, or the body of knowledge:
12. The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless the subject specifically gives permission, in writing, to do otherwise. No reference will be made in oral or written reports which would link the subject to the study.

13. This research may result in the following discomforts:

14. Participation in this research may result in the following risks:

15. In the unlikely event of physical injury resulting from the subject's participation in the research, emergency medical treatment will be provided at no cost to the subject. The subject should immediately notify the investigator if he/she is injured. If the subject requires additional medical treatment he/she will be responsible for the cost. No other compensation will be provided if he/she sustains an injury resulting from the research.

16. If subjects are minors, use the following guidelines for obtaining consent:

   Six years and younger - only parent(s)/guardian/legal representative must sign.

   Seven and eight years - signature of minor is optional, signature of parent(s)/guardian/legal representative is required.

   Nine through seventeen years - requires signature of both minor and parent(s)/guardian/legal representative.

17. If the subjects are to be audio taped or videotaped, explain how this material will be used.
18. If deception is used, include a statement to the effect that the research cannot be fully described at this time, but at the conclusion of participation, an explanation will be provided. Provide a copy of the debriefing script.

19. I have read the above description of the research. Anything I did not understand was explained to me by: ___________________________ and I had all of my questions answered to my satisfaction. I agree to participate in this research.

I acknowledge I have received a personal copy of this signed consent form.

__________________________  Date
Signature of participant

__________________________  Date
Signature of parent or legal guardian if participant is under 18 years of age

__________________________  Date
Signature of witness
Signature of Investigator    Date

Address

Telephone Number

July 2001