**Title of Research Project**

**Informed Consent Form**

**All the blue font should be replaced or tailored to the current study when completing this form (except the hyperlink to Health services).**

You are invited to participate in a research study… (Identify the topic for the current research). You were selected as a possible participant based on… (Insert brief statement on how participants were identified). I ask that you read this form prior to participating in the study. You must be 18 years of age or older to participate**.**

**Due to the ongoing COVID-19 virus, all research projects must follow the health and safety guidelines developed by Cedar Crest College. These guidelines are aligned with those of the CDC and state and local health authorities. If in-person research is conducted these health and safety guidelines must be followed to protect all human participants and all researchers.**

[Health Services | COVID\_19 Information (cedarcrest.edu)](https://www.cedarcrest.edu/healthservices/covid.shtm)

This study is being conducted by… (Identify all researchers involved with the project).

**Background Information** U

The purpose of this study is to… (Provide a few sentences on the purpose of the research being conducted). If applicable/appropriate, explain how the information gained will be used.

**Procedures** U

If you agree to be in this study, we will ask you to… (Describe key details of what participants will be doing in this study; deception by omission is acceptable for some details or specifics, but NOT for details that would otherwise preclude the individual from participating). The entire study should take no more than… (Insert expected time commitment).

**Risks and Benefits** U

(Describe anticipated risks inherent to participation in the study. If there are risks, regardless of whether they are physical, emotional, etc., they MUST be identified; if there are no risks anticipated, it is acceptable to state that expectation) (Describe benefits associated with participation; specifically, will participants be remunerated via extra credit, monetary incentive, etc., and what are the requirements for said remuneration. Any qualifications for remuneration must be identified in advance). If there are no benefits associated with participation, it is acceptable to state that participants will not receive extra credit or any form of compensation).

**Confidentiality**

Responses to all questionnaire items are anonymous, and all physical and non-electronic media data (e.g., video or audio tape) collected in this study will be stored in a secure location within the **INSERT NAME OF YOUR ACADEMIC DEPT** and all electronic data (e.g., MP4 files) will be stored in password protected computers and/or files where the passwords are known only to the researchers**.** Data will be stored for a period of three years, and shall be shredded, erased or otherwise destroyed on or after **INSERT DESTRUCTION MONTH/YEAR**.

If research prevents anonymity (e.g., if you are tracking participants across time via ID number or by name), you must address how confidentiality is maintained.

If your research involves the collection of identifiable private information or identifiable biospecimens, you **must include one of the following two statements** as per 46.116(b)(9):

1. A statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the 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, if this might be a possibility; **OR**
2. A statement that the subject's information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

## Right to Withdraw

If you decide to participate, you are free to withdraw at any time. Your decision whether or not to participate will not affect your current or future relations with Cedar Crest College (“or with ” [add the name of any company or institution from which participant was recruited]).

## Statement of Approval

This research was approved by Cedar Crest College’s Institutional Review Board.

# Proposal # (Insert IRB Record Number) Date: (Insert Approval Date)

## Contacts and Questions

The supervising researchers conducting this study are… (Identify the names, emails, and phone numbers for any faculty researchers associated with the project); if you have questions, you may contact the researchers. Any questions you may have regarding the use of human subjects may be directed to the Institutional Review Board Chair, Name and contact information for the current IRB chair. This is found on the IRB webpage.

**Signatures:** If you sign below, it means that you read this form and volunteer for this study.

[For electronic consent (for online surveys, etc.), the signature and date lines for the participant and principal investigator can be replaced with a virtual check box for the participant to affirm that they wish to volunteer for the research.]

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**Participant’s Signature Date             Principal Investigator’s Signature        Date**