WASHBURN UNIVERSITY
1700 SW College Avenue
Topeka, KS 66621

Informed Consent for Research Participation

(NOTE: This template is designed to serve as a general guide; applicants are encouraged to make modifications as need to clarity unique features of the study)

The Washburn University Department of _____ supports the practice of protection for human subjects participating in research. The consent form will be reviewed with you so that you can make an informed decision about whether to participate in the study (Or, if you are seeking implied consent, you may want to change the previous sentence to: *The following information is provided so that you can decide whether you wish to participate in the present study).* If you agree to participate, you are free to withdraw at any time without penalty.

Title of Research Study: Provide the title of the project.
Institutional Review Board #_____
Approval Date:_____

Aim or Purpose: (Provide a purpose statement or aim statement of the study/project).

Description of Project: You are being asked to volunteer to participate in a research study… (Provide a description of procedures, estimated sample size, and anticipated duration of the project in simple terms)

Participation Requirements: (Describe activities that participants will be asked to complete in simple terms, including an estimate of the time required to complete those activities, any sensitive topics that might be addressed, and any other relevant information to provide participants with a clear understanding of what to expect)

Potential Risks: (Describe any potential risks such as discomfort, anxiety, or unintended consequences the participant may encounter during the study. If there are none, provide a statement explaining this. *Example: Participation would involve no additional risks beyond what would normally be encountered in usual daily activities*)

Potential Benefits: (Describe benefits for participant, such as insights gained, monetary compensation, course points, or other compensation. Also describe benefits for others which may reasonably be expected due to participation, *Example: Participating in this study will help investigators learn more about the topic/problem.* If results will be shared with participants, include a statement about the means of communication for sharing those results)

Alternative Procedures or Treatment: (This element will not be applicable for some studies, including qualitative research, survey research, and descriptive studies. If this element is not applicable, it can be deleted. If the study involves use of a procedure or treatment, describe any alternative procedures or treatments that may benefit the participants. Provide the risks and benefits of each alternative, if known. One alternative is to not participate in the study)

Confidentiality of Data: (Describe how data will be used, how confidentiality will be maintained, who will have data access, and when data will be destroyed. If a possibility exists that data might be shared with other researchers, the consent form should state this and indicate that only de-identified data will be shared. *Sample language: Information obtained will be used for research, quality improvement, and/or educational purposes. Only the investigators will have access to the data. Personal identifiable information will be maintained privately and without identification during and after the study is completed [specify how long after completion]. Be assured that your name will not be associated in any way with the research findings*).

Contact Information: Do not hesitate to ask any questions about the study. Should you have any questions or concerns about this study, contact the Primary Investigator at (contact # and/or email). Should you have questions about your rights as a research participant, contact the chair of the Institutional Review Board at irb@washburn.edu.

Participation is Voluntary: Your participation is solicited, but strictly voluntary. If you agree to participate, you can stop participating at any time. Your decision to not answer one or more questions or to stop responding altogether will not affect your current or future treatment in any way (clarify with examples that address compensation, course points or medical care).

We appreciate your cooperation very much.

Name of Investigators

Consent/Permission to Participate in the Research Study:
By signing this document, I agree to participate in this study. I agree that I was given a chance to ask questions to fully understand why the study is being performed and how it will affect me. If I have questions about the study after signing this document, I can contact the Primary Investigator.

Participants Legal Name (print): _____

Signature: _____Date(mm/dd/yyyy)_____

(Note: If interviews or focus groups will be recorded, add a place for participants to provide consent to be recorded – see below).

Consent/Permission to be Recorded (Specify the type of recording)
By signing below, I agree to be audio recorded (or audio visually recorded)

Participants Legal Name (print): _____

Signature: _____Date(mm/dd/yyyy)_____

(Note: Provide each participant with a copy of the signed consent form or, if consent is implied, encourage participants to make a copy of the consent form)

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