Delete all instructions in red before submitting to the IRB. Use the appropriate header associated with your school.

**Use this template to obtain signed consent from research participants that are >18 years old.**

Instructions are in red. Customize the language in black as needed to fit your study. When you have finished, ***read over*** the entire document to ensure it makes sense and is accurate.

You are free to change wording, formatting, font, etc., so long as all the required elements of informed consent are included. This template is for your convenience only; you are not required to use it.

• Use simple language. Avoid technical terms. A Flesch-Kincaid score of 8 is ideal. Flesch-Kincaid is a measure of readability, and the numerical value refers to a grade level of reading comprehension. A level of 8 can be read by approximately 80% of readers in the USA.

• Write in a conversational tone, as though you’re speaking to your participants.

• Use short paragraphs (~4 lines or less). Don’t write walls of text.

Feel free to use bullet points, tables, graphs, pictures, diagrams, etc. to convey the study information more clearly.

**STOCKTON UNIVERSITY**

**CONSENT TO PARTICIPATE IN RESEARCH**

[Insert title of the study]

**INTRODUCTION**

[Insert name and degree of the Principal Investigator], and associates from [insert department affiliation] at Stockton University, Galloway, are conducting a research study. This study is being funded by [insert funding agency or sponsor if applicable].

**KEY INFORMATION:** [Required Section]

The following is a summary of this study to help you decide whether or not to participate. Please read the following details, if you have any questions or concerns contact information is listed later in this form.

**WHY AM I BEING INVITED TO PARTICIPATE?**

We are inviting you to take part in this research study because [Insert inclusion criteria associated with this study]. You will be unable to participate in this research study if [Insert exclusion criteria if applicable or remove this sentence.]

**WHAT SHOULD I KNOW ABOUT A RESEARCH STUDY?**

* Your participation is voluntary, whether you take part is up to you.
* You can choose to not take part without penalty.
* You can agree to take part, and later change your mind.
* You can ask all the questions you want before deciding.
* You can discuss this study with friends and family.
* You can also discuss this study with your health care doctor or request a second opinion. [This is more relevant for activities or research interventions that may impact an individual’s health and wellbeing]

**WHY IS THIS RESEARCH BEING CONDUCTED?**

[Provide details on the purpose of the research. Briefly explain the background of the research problem. Detail any potential benefits of this research to larger communities or society as a whole]

**HOW LONG WILL THE RESEARCH LAST AND WHAT DO I HAVE TO DO?**

The duration of your participation in this study is expected to be [Insert amount of time to participate, minutes, hours, multiple visits, or until a certain event].

During this study you will be asked to [Provide a summary of the procedures that will be done].

For more detailed information about the study procedures, see the section titled, “What will happen if I take part in this study?”

**WHAT RISKS OR DISCOMFORTS SHOULD I EXPECT? HOW ARE THEY MANAGED?**

[Identify the most important risks. Consider physical, emotional, economic, or social risks. Loss of confidentiality is the most common risk in all human subjects research. With each risk, provide if possible, risk mitigation information. For example, if there is a risk of emotional distress, include that external mental health resources will be shared with participants.]

**WHAT ARE BENEFITS IF I PARTICIPATE?**

[This section should identify one or more likely benefits to result from participation in this study. Do not overemphasize benefits as it may be perceived as coercive in nature. If benefits have significant amount of details, consider adding another section]

[If there are direct benefits for participation, include the following, otherwise omit.] We cannot guarantee benefits to you or others by taking part in this research. Possible benefits include: [List or describer potential direct benefits.]

[If there are no direct benefits for participation, include the following, otherwise omit.] There are no direct benefits to you from taking part in this research. However, possible benefits to others include [insert benefits to society or others].

[NOTE: Monetary reimbursement for participation is not a benefit.]

**WHAT OTHER OPTIONS DO I HAVE IF I DON’T WANT TO PARTICIPATE?**

Participation in research is completely voluntary. You can decide to participate or not to participate.

[Include if there are alternatives other than participating.] Instead of being in this research study, your choices may include: [List alternatives procedures, if any.]

[Include if there are no alternatives other than participating.] Your alternative to participating in this research study is to not participate.

**HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?** [Optional Section]

[Insert Number] people will take part in this study at Stockton University. About will participate in this study [nationwide or across all study sites].

**IF I PARTICIPATE, WHAT WILL HAPPEN?**

**Before you take part in the study:**

Before you begin the study you will need to [detail any exams, pre-screening measures, tests, or other procedures to determine eligibility. Omit this sentence if not applicable.]

The following definitions may help you better understand the research design and the extent of your participation: [Define relevant study design elements or terms that participants may be unfamiliar with that are relevant to the data being collects.]

**During the study:**

If you take part in the study, the researcher(s) will ask you to [detail the procedures involved in the study and provide explanation of which procedures are considered investigational or experimental and why]

[List procedures in the order they will occur, and the time commitment associated with each. Use simple language and short paragraphs. If the project participation is an extended period consider including a schedule, chart, or other visual aid]

**HOW WILL MY INFORMATION AND PARTICIPATION BE KEPT CONFIDENTIAL?**

The researchers will do their best to make sure that your private information is kept confidential. Information about you will be handled as confidentially as possible, but participating in research may involve a loss of privacy and the potential for a breach in confidentiality. Study data will be physically and electronically secured. As with any use of electronic means to store data, there is a risk of breach of data security.

What personal information can identify me?

[Explain how participant identifiers are linked to the research data/records/specimens]

How will my information be stored?

[Detail who will have access to their data, and the dual lock the identifiable information will be physically protected by]

How long will my data be kept?

[Explain how long the data/records/specimen will be kept. Include that study records must be maintained for 3 years following study close out]

**USE OF DATA AND SPECIMENS FOR FUTURE RESEARCH** [Required Section]

[Indicate either:]

Information may be used for future research studies or shared with another investigator for future research studies without additional informed consent from the subject; indicate whether identifiable information will or will not be shared.

[OR]

Participant’s information, even if identifiers are removed, will not be used or distributed for future research studies.

**ARE THERE COSTS TO PARTICIPATE IN THIS STUDY?**

There are no costs associated with taking part in this study.

[OR]

[Describe any costs the subject may incur because of participation in the study (e.g., transportation, parking, data charges for mobile devices)]

**WILL I BE PAID TO PARTICIPATE?**

[If participants are not paid or reimbursed for out-of-pocket expenses] You will not be paid for your participation in this research study.

You will be reimbursed for the following out of pocket expenses that you might have [complete this sentence, for example parking or transportation fees OR state] You will not be reimbursed for any out-of-pocket expenses, such as parking or transportation fees.]

**WHAT OTHER THINGS SHOULD I CONSIDER BEFORE PARTICIPATING?** [Optional Section]

[Include details if the researcher has a conflict of interest financial or personal relating to this study]

**WHO CAN I CONTACT IF I HAVE QUESTIONS?**

**Principal Investigator:**

You may contact [insert name(s)] at [insert phone number(s)] with any questions or concerns about the research or your participation in this study.

**The Research Team:**

You may contact [insert name(s)] at [insert phone number(s)] with any questions or concerns about the research or your participation in this study.

**Stockton University IRB:**

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, you may contact the Stockton University IRB by phone: (609)-626-3567 or by email: irb@stockton.edu

**WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?**

Taking part in this study is your choice. You can choose whether you want to participate. Whatever decision you make, there will be no penalty to you, and you will not lose any of your regular benefits.

* You have a right to have all your questions answered before deciding whether to take part.
* If you decide to take part, you can leave the study at any time.
* If you decide to stop being in this study, you should notify the research team right away. The researchers may ask you to complete some procedures to protect your safety.
* If you decide not to take part, you will not jeopardize your relationship with Stockton University or its affiliates.

**HOW DO I INDICATE MY AGREEMENT TO PARTICIPATE?**

If you want to participate in this study, you should sign and date below.

**SIGNATURE OF PARTICIPANT**

Name of Participant:

Signature of Participant:

Date:

**SIGNATURE OF PERSON OBTAINING CONSENT**

Name of Person Obtaining Consent:

Contact Number:

Signature of Person Obtaining Consent:

Date: