**SAMPLE NON-INTERVENTION INFORMED CONSENT FORM-Adult Only**

**CONSENT TO PARTICIPATE IN RESEARCH**

[*Insert title of the study here, study approval #.*] [*If the study involves using different consent forms for different populations, identify the population group as the subtitle of the study.*]

**Key Information**

**[***This should be a one paragraph executive summary of the study, including all pertinent information for the applicant to decide if they wish to participate in the study. For example:*

This study will contribute to [*insert if this is a senior project, thesis, or dissertation and if it is intended for publication/presentation*] for [*your name*]. The purpose of this research is [*succinctly state this, e.g., “to examine factors leading to the success of middle school students graduating from underserved schools”*]. You may participate if you are an American resident [*indicate if residency differs from American and insert succinct description of remaining inclusion/exclusion criteria, e.g., “you are a middle school teacher in an underserved district”*]. You will be asked to [*concisely describe the tasks the participants will do, e.g., “answer 50 multiple choice questions (taking approximately 30 minutes) through an online survey on the attributes of the students, school, families, and teachers that lead to this success”*]. There is [*list risks, e.g., “social group and identity risk”*], but [*describe how your protocol will protect the participants from this risk, e.g., “your job will not be affected by your participation or not, nor by the content of your answers and strict confidentiality procedures will be used to protect you”*]. The knowledge gained from this study will contribute [*concise description of benefits to participants or society, e.g., ”to a body of knowledge regarding student success”*].There is no [*or is, select what is appropriate and briefly describe any incentive*] payment for participation and you may withdraw from the study at any time without consequences and may refuse to answer any questions and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

You are being asked to participate in a University of La Verne Institutional Review Board approved research study conducted by [*insert names and degrees of all investigators*], from the [*insert department affiliation*] at the University of La Verne. [*If* ***student****, indicate that results will be contributed to senior project, thesis, or dissertation, and if the results will be published and/or presented. If* ***faculty****, indicate the results will be used for publication/presentation*]. You may participate in this research study if [*explain succinctly and simply why the prospective participant is eligible to participate, e.g., age 18 or older, etc.*].

By submitting (or authorizing such submission) of Personal Information (see definition below) to the University of La Verne for use by researchers, you consent to the collection, use, processing, and disclosure of that information as described in this Privacy Notice.

For the purpose of this Privacy Notice, Personal Information includes Personal Data and Sensitive Data, as discussed below.

**PURPOSE OF THE STUDY**

[*State what the study is designed to assess or establish.*]

Information for this study is collected in the exercise of scientific, historical research, or statistical purposes only as necessary in the exercise of the University's legitimate interests, functions and responsibilities as a public research higher education institution.

**PROCEDURES**

If you decide to participate in this study, we will ask you to do the following things:

[*Describe the procedures chronologically using simple language, short sentences and short paragraphs. This should be in language understandable by the target sample of participants. The use of subheadings, bullet points, and numbering helps to organize this section and increases readability. Terms should be defined and explained. Identify any procedures that are experimental.*]

[*List out all personal data that will be used in your study. Use the list below as a guide and delete what is not collected in your study and add anything not in your study, such as age, gender, ethnicity, home town, etc. ]*

Personal Data:

In connection with this research, the University’s collection and processing of the following Personal Data is lawful based on consent:

* Name, Home Address, Email Address, Personal Phone Number
* Location Data, Online Identifier, IP addresses
* Education Information
* Financial Information
* Employment Data

*[List all special categories of personal data collected as a result of your study. Delete any data below you are not collecting]*

Sensitive Data:

In connection with this research, the University’s collection and processing of the following Sensitive Data is lawful based on consent:

* Race, ethnicity
* Health data
* Religion or philosophical beliefs
* Sex life information
* Sexual orientation
* Political opinions
* Trade Union membership
* Genetic data
* Biometric data

[*Describe the procedure for the participants’ assignment to study groups, length of time for participation in each procedure, the total length of time for participation, frequency of procedures, location of the procedures to be done, etc.*]

**Service Providers:** We use third parties who have entered into a contract with the University to support the administration of University operations and policies. In such cases, we share your Personal Information with such third parties subject to the imposition of appropriate safeguards to prevent further unauthorized disclosure.

*[If a third party (i.e., not the University of La Verne) is involved in the processing or storage of personal data, it must be disclosed here. So, for example, “Qualtrics, a processor for the University of La Verne will be used to collect, process, and store your personal data provided in the survey. The software will collect IP addresses, cookies, and Geotags that [will/will not] be available to the research team. Further, all of your personal data collected in this study will be stored in [GoogleDrive, Google Gmail, OneDrive, or Microsoft Outlook], which are processors for the University of La Verne.] In the case of contact with the University of La Verne regarding your rights under the GDPR or data breach notifications, your name, phone number, and email address (if collected by the researcher or IRB) will be stored in IRBManager and/or Microsoft Outlook for seven years.*

ADD IN CONSENT AREA FOR AUDIO/VISUAL RECORDING

EXAMPLE:

[*State either Audio or Visual*] Recording of Participant:

Any recording *[information]*…

Please initial next to your selection:

\_\_\_ I consent to be [*state either audio or video*] recorded

\_\_\_ I do not give my consent to be [*state either audio or video*] recorded

**POTENTIAL RISKS AND DISCOMFORTS**

[*Describe any reasonable foreseeable risks (identity [if confidential], social group risk [usually for sampling students, employees of a company, etc.], physical, or psychological), discomforts, inconveniences, and how these will be managed/safeguarded. This section should match the Proposed Risks section of your application*]

[*If there are significant physical or psychological risks to participation that might cause the researcher to terminate the study, please describe them and the possibility that the researcher may terminate the study without prior notice to participants.*]

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

[*This section should match what you wrote in your application in the benefits section. Describe benefits to participants expected from the research. If the participant will not benefit from participation, clearly state this fact.*]

[*State the potential benefits, if any, to science or society expected from the research.*]

**PAYMENT FOR PARTICIPATION**

[*This area should match the Inducements page of the application.* *State whether the participant will receive payment. If not, state so. If participant will receive payment, describe remuneration amount, when payment is scheduled, and prorating formula should the participant decide to withdraw or is withdrawn by the investigator.*]

**EXTENDED CARE OPTIONS FOR MORE THAN MINIMAL RISK RESEARCH**

**Note: The following is a required element of informed consent for research involving more than minimal risk. If this does not apply to your research, please omit this entry and delete the heading:** *Explain whether any compensation/treatments are available if injury occurs and, if so, describe the extent and nature of the compensation or treatment. For research that may have lasting psychological effects, provide contact information for publicly available treatment options (e.g. hot or “warm” lines, student health services).*

**CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of [*describe coding procedures and plans to safeguard data matching it to what you have written in your application in the Proposed Risks page, including where data will be kept (select from these options for non HIPAA protected data: A password-protected computer stored in a locked University of La Verne office, or A password-protected drive or similar storage device locked in a University of La Verne filing cabinet, also locked in a University of La Verne office, or The applicant’s University of La Verne email (other Gmail or Outlook accounts are not accepted), or The University of La Verne’s provided OneDrive (other OneDrives are not accepted), or The University of La Verne’s provided Qualtrics, or The University of La Verne’s provided GoogleDrive (for students; other GoogleDrives are not accepted); for HIPAA protected data*: *A HIPAA and GDPR compliant cloud storage system or desktop equivalent), who will have access to it, etc.*]. Data and consents will be stored for three years after completion of data collection and confidentially shredded or fully deleted.

[*If information will be released to any other party for any reason, state the person/agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure.*]

[*If activities are to be audio- or videotaped, describe the participant's right to review/edit the tapes, who will transcribe the recordings (e.g., transcription service, you), where the transcriptions will be stored (using the options above), who will have access, if they will be used for educational purpose, and when they will be erased (usually upon transcription).*]

**PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw your consent at any time without consequences of any kind. You may also refuse to answer any questions you don’t want to answer, and decline to provide any personal data you don’t want to provide, and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. [*If appropriate, describe the anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent.*]

**IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact [i*dentify research personnel: Principal Investigator, Faculty Sponsor (if student is the P.I.), Co-Investigator(s). Include day phone numbers and addresses for all listed individuals. For greater than minimal risk studies, include night/emergency phone numbers.*] .

**RIGHTS OF RESEARCH PARTICIPANTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact the IRB Office at 909-448-4564 ([irb@laverne.edu)](mailto:irb@laverne.edu)), University of La Verne, Institutional Review Board, 1950 3rd Street, La Verne CA, CAFE 112, La Verne, CA 91750.

If you are a European Economic Area (EEA) resident, you may also contact the IRB Office for any questions/requests regarding personal data protections/security. You have the right to request access to, a copy of, rectification, restriction in the use of, or erasure of your information in accordance with all applicable laws. The erasure of your information shall be subject to the retention periods of federal and state law applicable to not-for-profit private institutions of higher education, as well as the University’s need to retain certain information pursuant to any other identified lawful basis. If the University’s use of your information is pursuant to your consent, you have the right to withdraw consent without affecting the lawfulness of the University's use of the information prior to receipt of your request. The IRB Office may be contacted for the exercising of these rights as appointed by the controller (University of La Verne).

Your Personal Information will be destroyed upon your request unless applicable law or University policy requires destruction after the expiration of an applicable retention period. The manner of destruction shall be appropriate to preserve and ensure the confidentiality of your information given the level of sensitivity, value and criticality to the University.

Information collected or created in the European Union will be transferred out of the European Union to the University. If you feel the University has not complied with applicable foreign laws regulating such information, you have the right to file a complaint with the appropriate supervisory authority in the European Union.

|  |
| --- |
| **SIGNATURE OF RESEARCH PARTICIPANT OR LEGAL REPRESENTATIVE** |

I understand the procedures described above. I also give consent for the use of my Personal Information (including sensitive data) for the purposes outlined in this notice; for my Personal Information (including sensitive data) to be transferred overseas pursuant to the terms, conditions and limits specified at Section 43 of Legislative Decree n. 196/2003 as well as under the provisions of article 49 (1) (a) of the EU GDPR, and more specifically to the United States of America, even if this country were not considered a privacy safe harbor by the EU competent authorities due to the absence of appropriate safeguards; and for the use of my Sensitive Data for the purposes outlined in this notice.

My questions have been answered to my satisfaction, and I agree to participate in this study. I am over the age of 18 years and have been given a copy of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Legal Representative (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or Legal Representative Date

|  |
| --- |
| **SIGNATURE OF INVESTIGATOR (If required by the IRB)** |

In my judgement the participant is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date