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

**CONSENT TO PARTICIPATE IN RESEARCH**

[*Insert title of the study here and study approval # (please put a placeholder until approval by the IRB, e.g., IRB approval # XXX).*] [*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*] 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.]

**INTRODUCTION**

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 you are an American resident [*change this if your study includes participants beyond the United States*], [*explain succinctly and simply the rest of the reasons why the prospective participant is eligible to participate (i.e., inclusion criteria), e.g., you are over the age of 18].*

**PURPOSE OF THE STUDY**

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

**PROCEDURES**

If you decide to participate in this study, the researcher(s) 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.*]

[*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.*]

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 decide not to participate in this study, there will be no penalty or loss of benefits you are otherwise entitled to receive. If you volunteer to be in this study, you may withdraw at any time without penalty or loss of benefits you are otherwise entitled to receive. You may also refuse to answer any questions you do not want to answer 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. Include a description of procedures for orderly termination or withdrawal of participation.*]

**IDENTIFICATION OF INVESTIGATORS AND CONTACTS FOR QUESTIONS**

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 daytime phone number and email address for the PI and email addresses for all other individuals deemed necessary by the PI.* *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, or if you are injured while participating in the study, please contact the IRB Office at 909-448-4564 (irb@laverne.edu), University of La Verne, Institutional Review Board, 1950 3rd Street, La Verne, CA 91750.

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

I understand the procedures described above. 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.

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Printed Name of Participant

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

Printed Name of Legal Representative (if applicable)

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Signature of Participant or Legal Representative Date

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| **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

**Experimental Research Subjects Bill of Rights**

California law, under Health & Safety Code 24172, requires that any person asked to take part as a subject in research involving a medical experiment, or any person asked to consent to such participation on behalf of another, is entitled to receive the following list of rights written in a language in which the person is fluent. This list includes the right to:

1. Be informed of the nature and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
9. Be given a copy of the signed and dated written consent form.
10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject’s decision.