SAMFORD UNIVERSITY
INSTITUTIONAL REVIEW BOARD

Informed Consent for Participation in a Research Study

Principal Investigator(s):

Study Title:

Name of participant: _____ Age: _____

1. The following information is provided to inform you about the research project/study and your participation in it. Please read this form carefully, ask any questions you may have about this study and the information given below, and be sure you receive answers to your questions before signing this consent form (a copy of which will be given to you).

2. Purpose of this study:

   The purpose of the study is

   You are being asked to participate in a research study because

3. The approximate duration of your participation in the study:

4. Procedures to be followed for this study:

Participant's initials: _____

IRB approval number:

This form is valid for one year from approval date. Approval date:

5. Experimental procedure(s) involved in the study (if any):

6. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of your participation in this study:

7. Good effects or benefits that might result from this study:

   a. The benefits to science and humankind that *might* result from this study:

   b. The benefits you might get from being in this study (including compensation, if any):

8. Alternative procedures or courses of treatments, if any, that might be available:

9. Privacy and Confidentiality: All efforts, within reason, will be made to keep your personal information in your research record confidential. Your information may be shared with the Samford University Institutional Review Board or the Office for Human Research Protections (Federal Government). Your information will only be used for monitoring purposes.

Participant's initials: _____

IRB approval number:

This form is valid for one year from approval date. Approval date:

10. In case of study-related injury: If this study involves more than minimal risk to you, the following compensation and/or medical treatments are available if injury occurs:

11. Contact information: If you have any questions about this research study, your rights, or if you experience a study related injury, please contact:

at

or if principal researcher is a student, Faculty Advisor for this study:

at

If you have additional questions or concerns that are not answered by the above person(s), feel free to contact the Samford University Institutional Review Board Chair:

Dr. Drew Hataway
205-726-4190
rahatawa@samford.edu

12. Your participation in this research study is **voluntary**. You are **free to withdraw** from this study at any time without penalty. You are also **free to withdraw** from this study with no penalty. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness for you to participate in it, you will be notified so that you can make an informed decision whether or not to continue participation in this study.
Circumstances under which the Principal Investigator may withdraw you from study participation:

Participant's initials: _____

IRB approval number:

This form is valid for one year from approval date. Approval date:

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY:

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to consent to participation in this study. I have received a copy of this consent form.

_____

Printed name of Participant

_____ _____

Signature of Participant Date

Consent obtained by:

_____ _____

Printed name Title

_____ _____

Signature Date

Participant's initials: _____

IRB approval number:

This form is valid for one year from approval date. Approval date: