North Idaho College

*SAMPLE INFORMED CONSENT*

*The following suggestions are offered as guidelines. The exact language is the decision of the researcher, but needs to be written in a way that participants will understand. The Informed consent should include all the following Bolded information. Keep in mind, however, that the Institutional Review Board (IRB) must determine if participants will be giving* ***informed consent****. (Note: that in the case of children, it is required).*

**BACKGROUND/INTRODUCTION OF RESEARCHER**

Explain who is conducting the study. State the study involves research. Briefly explain the purpose of the research.

*Example: You are being asked to take part in a research study. Please read through this document carefully and ask questions if there is anything that is not clear or you would like more information. We are conducting a study to determine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

**STUDY PROCEDURE**

Describe exactly what the participant will be required to do, how much time will be required of the participant and what they will experience during the study. If appropriate, explain any study procedures that are experimental (non-standard methods or procedures).

*Example:* *In this study, you (your child/ward) will be asked to \_\_\_\_\_\_\_\_\_. Your participation should take about \_\_\_\_ minutes.*

**RISKS**

Describe any reasonable foreseeable risks or discomforts as the result of participating in the study – this can include physical, emotional, psychological, or other consequences related to the nature of the study.

*Example: There are minimal to no risks to you (your child/ward).*

***or***

*The only risks to you (your child/ward) include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**BENEFITS**

Describe any benefits to the participant that may occur as a result of participation. State if no direct benefit is anticipated.

*Example: We cannot promise any direct benefit for taking part in this study. However, possible benefits include (list benefits).*

*Example: There are no direct benefits for taking part in this study. However, we hope the information we get from this study may help develop a greater understanding of (insert your topic) in the future.*

**CONFIDENTIALITY**

Describe how the records identifying the participant will be maintained. How will records and data be stored in order to maintain privacy and confidentiality. Who will have access to the data?

*Example: All information will be handled in a strictly confidential manner, so that no one will be able to identify you (your child/ward) when the results are recorded/reported. All information/data collected will be kept confidential and locked safely in \_\_\_\_\_\_\_ office.*

*Forms and data collected will be kept (where and how will it be accessed or protected). Only the researchers (who) will have access to the data. When the data is reported, no identifiable information will be included.*

**VOLUNTARY PARTIPATION**

State participation is voluntary. Participant has the right to refuse participation at any time and there is no penalty if the participant decides to withdraw from the study at any time.

*Example: Your (your child’s/ward’s) participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study, simply \_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

**PERSON TO CONTACT**

*Example: Please feel free to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (names(s), title(s) of researchers) at \_\_\_\_\_\_\_\_ (phone/ e-mail) if you have any questions, concerns or complaints about the study.*

Include the following statement verbatim: **Institutional Review Board:** Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The North Idaho College IRB may be reached by phone at (208) 769-3230 or by e-mail at IRB@nic.edu

**CONSENT**

The consent statement should be written in first person. It should require them to print, sign and date. All participants should receive a copy of the Consent form.

*If the participant is of age (18 years or older), use:*

I understand the study described above and I have been able to ask questions and they were answered. I have been given a copy of the description as outlined above.

□ I am 18 years of age or older (or a student at NIC) and I agree to participate.

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

Printed Name of participant

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

Signature of participant/ Date

*If the participant is not of age, use:*

I understand the study described above and I have been able to ask questions and they were answered. I have been given a copy of the description as outlined above.

I agree to allow my child/ward to participate with his/her assent when possible.

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

Printed Name of Parent/Guardian

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

Signature of Parent/Guardian Date

*If the participant is not of age, use:*

I understand what I must do in this study and I want to take part in the study.

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

Signature of Participant Date