Salem State University Institutional Review Board (IRB)
Informed Consent Form
Study Title (*insert*)

Date:
Principal Investigator:
Student investigator(s): ADDRESS LINE 1
Telephone: ADDRESS LINE 2
Email: ADDRESS LINE 3

Note: This is a sample form and should be <u>altered</u> to accurately reflect the individual study being conducted.

INTRODUCTION: Please read this form carefully. If you consent to take part, as a participant, in the studies being undertaken by (*Principal Investigator's name*), then you should sign the consent form. If you have any questions, or are unsure about anything, then you should not sign until your concerns have been resolved and you are completely happy to volunteer.

(In plain language describe of the reason for the study, the techniques being used, and the practical details of participating in the study from the subjects' perspective. Focus on points relating to the subject's likely experience, and emphasize any risks involved and how you will minimize those risks.)

(Insert a description of safety precautions that will protect the participant during physical exertion. For example, ''A medically qualified person {state level of qualification e.g. Doctor, paramedic, First Aider, none} will be {insert here the availability during the study, e.g. in attendance throughout, or on call from within the building or on call on campus or on call with emergency services}. Their sole function is to act independently of the research team to ensure your safety and well-being. They may terminate the study on medical grounds at any time, and you may consult with them at any time'').

(Explain any restrictions which will be placed on participants, e.g. that they shall not drink alcohol within the 12 hours prior to each research activity, or that they will not be able to drive or operate heavy machinery for the 24 hours following each research activity.)

PARTICIPATION: You may at any time withdraw from the study. You do not have to give any reason, and no one can attempt to dissuade you. If you ever require any further explanation, please do not hesitate to ask.

RISKS: (C*hoose from the following statements as applicable to your individual study and delete the rest*):

There are no foreseeable risks involved in participating in this study other than those minimal risks encountered in day-to-day life [OR]

There is the minimal risk that you may find some of the questions to be sensitive in nature [OR]

There is the minimal risk that some questions may cause emotional discomfort [OR]

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Some of the survey questions ask about (*insert information here*) and may be distressing to you as you think about your experiences [OR]

In order to mitigate (*this/these risk/s*), the research team will (*insert mitigation plan here*).

BENEFITS: The benefits of your participation in this survey are (*insert information here*). The benefits of this study in general are (*insert information here*).

ANONYMITY/CONFIDENTIALITY:
(Choose one of the following paragraphs: anonymous or confidential)

Anonymity: Data obtained during this study will not be able to be linked to your identity.

Confidentiality: Any personal data obtained during this study will remain confidential as to your identity. If personal information can be specifically identified with you, your permission will be sought in writing before it will be published. Other data, which cannot be connected to you, will be published or presented at meetings with the aim of benefiting others.

This study has received approval in accordance with current University regulations. (*Describe here any additional remarks regarding any insurance cover or other measures applicable to the experiment*.)

For questions or concerns about this study, please contact (*insert principal investigator name, title, contact information).*

	Initial if in agreement
1. I confirm that I have read and understood the attached information sheet for the above study. I confirm that I have had the opportunity to consider the information and ask questions and that these have been answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without negative consequences without giving any reason	
3. I agree to take part in this study.	
4. I understand that as a result of taking part in this study I will experience (*insert a brief summary of benefits and risks associated with taking part in the study).*	
5. I understand that the results of this study may be published and/or presented at meetings and may be provided to research sponsors or regulatory authorities. I give my permission for my (*Choose one: anonymous/confidential*) data, which	

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does not identify me, to be disseminated in this way. The information will be kept confidential with the exception of information which must be reported under Massachusetts and Federal law such as cases of child or elder abuse.	

6. Additional optional consent (*you can participate without consenting to photographs or video*)

7. I consent for photographs of me to be taken during the experiment for use in scientific presentations and publications (with my identity obscured).	
8. I consent for video/audio recordings of me to be taken during the experiment for use by the study team only (my image will not be shown to others / and will be destroyed after the data has been analyzed).	
9. I consent for video/audio recordings of me to be taken during the experiment for use in scientific presentation and publications (my identity may not be obscured).	

Name of Participant:	Date:	Signature
Name of person taking consent:	Date:	Signature