This template is intended for studies of a non-medical nature, such as surveys, interviews, etc. Italicized parts are informational, and should be deleted. Fill in the blanks with appropriate information specific to your study.

Statement of Informed Consent (*Must have this title)*

You are invited to join a research study. In this study, we are investigating/comparing/evaluating/testing/(*pick one)* _____(*Brief statement here of the main purpose of the study. Details come later).*

If you choose to participate, you will be asked to _____. (*Describe here each activity the subject will be involved in.)* We expect this will take approximately _____ minutes. (*Give expected time for each activity if there are multiple parts. If there's a pre- and post- part, explain when each part will occur.)*

This study involves the risk that _____ (*Describe any foreseeable risks of participation, including both physical risks and non-physical ones such as social or psychological harm, risk of criminal liability, or damage to financial standing, employability, or reputation. DO NOT say that there is no risk; if you can't foresee any risks, describe the risk as minimal, or as no more than those encountered in daily life. Be sure to consider risks that might occur if confidentiality were accidentally breached.)*

There may also be other risks that we cannot predict.

It is reasonable to expect the following benefits from participation in the study: _____ (*Give here any reasonable expectations of benefit to the subject)*, however, we can't guarantee that you personally will experience benefits from your participation. Others may benefit in the future from the information we gather in this study.

We will take the following steps to keep information about you confidential, and to prevent it from unauthorized disclosure: _____ (*Tell what identifying information will be collected, if any, how it will be stored, and who will have access to it. Explain how the data will be shared or published, whether it will be aggregated or direct quotes will be used, for instance. If aggregated, describe how participants will be protected from re-identification – for instance, by excluding aggregate information about groups with a small number of members)*

Your participation in this research is completely voluntary. If you decide to participate, you may change your mind and cease participating at any time by (*Describe how the subject can withdraw from the study if desired).* If you stop participating, you will not be penalized in any way or lose any benefits, and it will not harm your relationship with _____ (*Whoever is involved, for instance, a professor or employer)*.

(*If there is an incentive for participation, explain it here)*

If you have any questions about this study, or experience any problems, unexpected physical or psychological discomfort or injury, or think that something unusual or unexpected is happening, call _____ at _____ or email _____ at _____ (*Most likely contact information for the Principal Investigator, but other designate could be here)*

If you have any unanswered questions or concerns about your rights as a research participant, contact the Institutional Review Board at irb@semo.edu or call Charles McAllister, IRB chair, at (573) 651-2062.

_____

Signature of Subject or Representative Date

_____

Printed name of Subject or Representative

The signed document should be stored appropriately by the investigator, and a copy should be provided to the research subject.