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 **SAMPLE Written Consent Form
for Adults Participating in Human Subjects Research**

**What is the purpose of this research project?**
You are invited to participate in a research study conducted by [name of investigator(s)], from St. Edward’s University [departmental affiliation(s)]. *IF there are multiple investigators listed in previous sentence:* The Principal Investigator of this project is [insert name of Principal Investigator here]. *IF student research:* This is a student research project under the supervision of faculty member [name of faculty member, and department of faculty member]. This study has been approved by the IRB, Protocol # \_\_\_\_\_.

The goal of this research is to [state what the study is designed to discover or establish]. You were selected as a possible participant in this study because [state why subject was selected].

Eligibility: To be eligible for this study, participants must be 18 years or older, and [list all other eligibility requirements.]

**What will I have to do?**
If you decide to participate, [describe the procedures step-by-step and identify any of the procedures that are experimental. Include the purpose of the study, the duration of the subject’s participation, the location, and the study’s frequency. Include that the participant may choose to skip any questions].

[*If activities are to be audio or videotaped*, indicate this here].

**What are the risks and benefits?**
[Describe any foreseeable risks or discomforts, and how these will be managed. Describe any alternative procedures or courses of treatment, if applicable, that might be advantageous to the subject. Indicate costs of participating, if any].

[Describe benefits to subjects and humanity expected from the research]. However, I cannot guarantee that you personally will receive any benefits from this research. [*If subject will receive compensation*, describe amount and how payment is arranged].

If you experience any distress or discomfort while participating in this study, counseling is available at [provide contact information for the SEU Health & Counseling Center if participants are associated with SEU. If not, provide one or more free, outside counseling resource(s)].

**Is my information confidential?**
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. Subject identities will be kept confidential by [describe coding procedures and plans to safeguard data].

 [*If participants will remain anonymous,* then reword the above to reflect that and state *how* the information will be kept anonymous.]

[*If information will be released*, *for any reason*, state the personal agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure].

**Who is funding the study?** *(If federally funded, include the following)*
This study is being funded by [enter federal agency], which requires that data be collected in a form that may be analyzed for [e.g: differences between men and women and races or ethnic groups].

**Is this voluntary?**
Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with [name agency, school, etc.…where subject was recruited].

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time, even after the informed consent form has been signed, without penalty.

**Do you have any questions?**
If you have any questions about the study, please feel free to contact [name, phone, and e-mail].  [*If student*, also provide faculty advisor name, phone, and email and identify as your advisor].

If you have questions regarding your rights as a research participant, please contact the IRB at (IRB@stedwards.edu).

You will be offered a copy of this form to keep*.*

**Statement of consent:**
*Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.*

*I certify that by signing this form, I am at least 18 years of age.*

**Signature of participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_