



Consent to be Part of a Research Study

Title of the Project:

Principal Investigator: [Name, credentials, institutional affiliation]

Co-investigator: [Name, credentials, institutional affiliation]

Faculty Advisor: [Name, credentials, institutional affiliation]

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be [eligibility criteria; e.g., age, gender, language, etc.]. Taking part in this research project is voluntary.

What is the study about and why are we doing it?

The purpose of this research study is [describe the study purpose].

What will happen if you take part in the study?

If you agree to take part in this study, you will be asked to [provide a detailed description of what the subject will be asked to do in chronological order (what, when, where, how)]. We expect this to take about [duration, number of interactions].

Your participation in this study is voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time without penalty. You do not have to answer any questions or complete any tasks you do not want to. If you decide to stop before this study is completed, [provide details about disposition of data].

How could you benefit from this study?

Although you will not directly benefit from being in this study, others might benefit because [insert details]. **[OR]** You might benefit from being in this study because [insert details].

What risks might result from being in this study?

There are some risks you might experience from being in this study. They are [describe specific risks, and indicate what the study team will do to minimize those risks.]. **[OR]** We don't believe there are any risks from participating in this research.

How will we protect your information?

The information you provide will be kept confidential. I/We plan to publish the results of this study. To protect your privacy, I/we will/will not include any information that could directly identify you.

I/We will protect the confidentiality of your research records by [explain]. **[OR]** [Describe limitations to confidentiality, if any.]

[If personally identifying information such as the participant's name was collected and linked with the data, state] Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project. **[OR]** Your name and other information that can directly identify you will not be included with the research data collected as part of the project.

What will happen to the information we collect about you after the study is over?

I/We will/will not keep your research data to use for [future research or other purpose].

I/We may share your research data with other investigators without asking for your consent again, but it will not contain information that could directly identify you. [If data must or will be deposited in a public or other repository, briefly describe.] **[OR]** [We will not share your research data with other investigators.]

OPTIONAL SECTIONS: USE AS NEEDED

How will we compensate you for being part of the study?

What are the costs to you to be part of the study?

Who can profit from study results?

What other choices do I have if I don't take part in this study?

Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact **[PI name, email, phone (and faculty advisor if PI is a student)]**.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss concerns about this study with someone other than the researcher(s), please contact the Fairfield University IRB by email: irb@fairfield.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records. I/We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

Printed Subject Name

Signature

Date