



## Informed Consent Form Template

Project title: **NAME OF PROJECT GOES HERE**

Principal Investigator: **NAME OF PRINCIPAL INVESTIGATOR AND YOU CAN ALSO INCLUDE CONTACT INFORMATION HERE**

**Description and Procedures:** You are about to participate in a **DEPARTMENT CONDUCTING THE RESEARCH** study. The study will be administered on **A PAPER-PACKET? COMPUTER TELL THEM HOW IT WILL BE ADMINISTERED** that I will complete **ON A COMPUTER WITH A PEN ETC.** The purpose of which is to **ENTER THE PURPOSE OF YOUR RESEARCH HERE.** In this study, you will be asked **ENTER EVERYTHING THAT YOU WILL ASK THE PARTICIPANTS TO DO, LIKE FILL OUT A SURVEY OR ANSWER INTERVIEW QUESTIONS, INCLUDING THE TOPIC(S) OF THE ITEMS THEY WILL BE EXPOSED TO EVERYTHING.**

**Anonymity & Confidentiality:** Your participation today is anonymous. You will never be asked your name or any other information that is personally identifiable. There will be no way to connect your responses with your identity. And the information that you provide today is strictly confidential (see below).

**Data Protection:** The data collected today will be kept on a computer and will only be available to the principal investigator and/or their faculty advisor for a period of at least 3 years. Access to individual responses will be limited to college and/or public officials presenting legal authority for such access.

**Risks:** There is no risk of harm or discomfort in your participation today greater than what would be expected in normal daily life or during the performance of routine physical or psychological examinations or tests.

**Duration:** I understand that this study is expected to take **ENTER THE TIME TO COMPLETE YOUR STUDY HERE** to complete and that there are no inherent risks in today's study greater than a reasonable person would expect in the course of normal daily living.

**Benefits:** I understand that the benefit to me from my participations today is **TELL THEM WHAT THEIR BENEFITS ARE HERE (SOMETIMES IT JUST MIGHT BE: ...the knowledge that I have helped contribute to an ever growing body of knowledge about the ENTER THE TOPIC OF YOUR STUDY HERE).**

**Age Requirement:** I certify that I am at least 18 years of age and that I have read the above information and give my written consent to participate in this study.

**Withdrawal:** You have the right to withdraw your participation at any time for any reason or no reason without penalty.

**Signing below indicates that you consent to participate in this research project.**

(Participant Signature)

Date

(PRINT NAME)

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If you have any questions about this research project or would like to inquire about the results of the study, please contact: **PUT PRINCIPAL INVESTIGATOR NAME AND CONTACT INFORMATION HERE.** The ethics of this research project were reviewed and approved by the Institutional Review Board (IRB) of St. Joseph's University. If you have any questions concerning your right and welfare as a human research participant, please contact Dr. Michael Magee, the chairperson of the St. Joseph's University Institutional Review Board via phone (718.951.5971) or email (mwmagee@sjny.edu).