***[List title of your project here]***

**Informed Consent Form**

**Lawrence University**

I have been asked by *[researcher’s name]*, Lawrence University *[department name]* to participate in a research project. [*If PI is a student, add:* This research is being supervised by(*faculty advisor name, department.*)] The purpose of this research is to *[explain purpose/objectives, e.g., “study how we perceive other people when given limited information.”]*

The participants in this research will be *[Describe participants, all selection criteria, and location, e.g., “*About 40 male Lawrence students majoring in Government will participate on campus.”*]* The studywill involve *[specify number of]* session(s) that will take about *[specify time; if multiple sessions specify time for each session, total time overall, and when sessions will occur – e.g., “weekly for one month.*”*]*

This research has been approved by Lawrence’s Institutional Review Board, which protects human subjects. Participation is ***completely voluntary*** – I may withdraw or decline to participate at any time without penalty. The researcher also has the right to withdraw my participation at any time. To withdraw, I can simply inform the researcher. *[If research is not face to face, provide researcher name and how to contact, e.g., phone or email, for* *principal investigator.] [For student participants recruited in a class add: “*Declining to participate or withdrawing will have no effect on my academic status or any class grade.” *If incentives such as extra credit are offered, specify alternative way to obtain; e.g., “*If I choose not to participate, extra credit can be earned by *(specify alternative).]*

*[If recruiting employees add:* If I decide not to participate or withdraw from this research, there will be no effect on my employment status.*]*

*[If study involves deception, add:* Some elements of this project will not be revealed until my session is completed. At this point I will have the option of withholding any responses I provided from subsequent analysis.*]*

*[If applicable, name any institutions, companies, or organizations involved through funding, cooperative research, or by providing supplies;* e*.g., “Acme Co. is providing financial support and/or material for this project.”]*

If I agree to participate, the following will occur *[specify in sufficient detail for informed consent what participants will be asked to do and will experience during the study.]*

*[If minimal risk research, add:* To the best of the researcher’s knowledge, there will be no more risk of harm than normally experienced in my daily life; anticipated risks are minimal.*]*

*[For non-minimal risk research, specify all potential risks -- physical, social, legal, economic, and other harm -- in lay terms and give realistic estimates of their magnitude (e.g., mild, moderate, severe).]List any reasons people should not participate in the project. If the research involves any procedures which could cause possible emotional or mental harm, include the following statement:*I may find some questions that are asked (*or some procedures I am asked to do)* to be upsetting or stressful.  If so, I can contact the following people or agencies to help me with these feelings. In addition to the risks listed above, I may experience a previously unknown risk or side effect. *[List of contacts should include LU Counseling Center*, *with phone numbers*.*]*

# Possible benefits of participating in this project are (*list any individual benefits – health related, psychological, improved knowledge – and any societal benefit*). However, there is no guarantee I will receive any benefit. *[If there are costs to participating, e.g., participants must buy materials, specify them]. [Specify whether participant will OR will not receive compensation; e.g., “Participation is voluntary with no compensation” or “Some participants may receive class credit” or “You will receive $5 for participating” If participants are paid, specify amount and address proration if participant withdraws or study is terminated early.]*

*[If there is**risk for physical harm/injury, describe compensation for research-related injury and/or emergency medical treatment. Otherwise state:* “No form of compensation is available. Medical treatment may be provided at my own expense or at the expense of my health care insurer, which may or may not provide coverage. If I have questions about health care coverage, I can contact my insurer. *Also add* “If a life-threatening emergency should occur, I can call 911. For non-life threatening medical issues, I can call the (*principal investigator/researcher’s name*) and (*telephone number*) to determine what type of treatment, if any, that may be needed.”*]*

[*If* ***NO information will be collected that could possibly identify individual participants****, add* This study is anonymous, no one, including members of the research team, will be able to identify individual responses. *(Describe the procedure(s) used to assure anonymity, e.g., “I will be asked not to indicate any identifying information, such as my name or even my gender, on any responses.”]*

*[If any identifying information – even broad categories such as gender – is collected,* *add*: Every effort will be taken to prevent anyone who is not on the research team from knowing that I participated in the study and to ensure that all of my responses are confidential. No information that personally identifies me will be released or reported in any way unless required by law. *Describe specific procedure(s) for protecting the participant’s identity and confidentiality, such as not recording their names, placing completed questionnaires in a sealed box, keeping data secure -- e.g., on a password protected computer rather than a jump drive – and reporting only group averages rather than individual responses in reports. State who will have access to the data (e.g., the researchers, advisor). If a master list includes participants’ names and a code linking names to the data, the master list must be kept secure and separately from the collected data.  Explain when consent forms will be destroyed.  Note, the IRB requires researchers to keep consent forms for 3 years.  You do not ever have to destroy raw data but at some reasonable point, you should destroy anyone’s ability to link the participants' data to identifying information. It is unacceptable to merely write “confidentiality will be maintained.”]*

I can ask the researcher any questions that would help me to decide whether to participate. If I have any questions, suggestions, concerns, or complaints that arise, I can contact *[principal investigator name]* at *[contact information.]* If I have any questions about my rights as a participant, I can contact the Lawrence University IRB Chair: [irb@lawrence.edu](mailto:irb@lawrence.edu).

***Signatures***

***Participant:***

By my signature, I am affirming that I am at least 18 years old and that I agree to participate in this study. I understand I will receive a signed copy of this consent form.

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Signature of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of participant

***Person Obtaining Consent:***

I have explained to the participant above the nature, purpose, risks and benefits of participating in this research project. I have answered any questions that may have been raised, and I will provide the participant with a copy of this consent form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of [authorized] person obtaining informed consent Date