**UNIVERSITY OF DAYTON - CONSENT TO PARTICIPATE IN RESEARCH**

**TITLE OF STUDY**: [*Insert title of the study. If the study involves using different consent forms for different populations, identify the population group as the subtitle of the study.*]

*Suggested text:* We are inviting you to be a part of a research study led by (*name(s) of investigator(s))* at the University of Dayton. Participation is not required. Please read the information below to learn more about the study. Before participating, ask questions about anything you do not understand.

*Guidelines*: Use simple language. Be concise. Use the pronoun “you” consistently throughout (except for the signature of the participant on the last page).

**SPONSOR OF STUDY**

*Guidelines*: If applicable, insert funding agency/company.

**PURPOSE OF THE STUDY**

*Guidelines*: Using lay language, briefly state what the study is designed to discover or establish.

**PROCEDURES**

*Suggested text:* If you decide to be a part of this study, please do the following:

*Guidelines:* Describe the procedures chronologically using lay language, short sentences and short paragraphs. Specify the participant's assignment to study groups, the number of participants expected to be enrolled, length of time for participation in each procedure, the total length of time for participation, frequency of procedures, location of the procedures to be done, etc. If appropriate, list any inclusionary or exclusionary criteria in this section.

**POTENTIAL RISKS AND DISCOMFORTS**

*Guidelines:* Identify each procedure and then describe any reasonably foreseeable risks, discomforts, inconveniences, and how these will be minimized. Quantify risks using understandable comparisons. In addition to physiological risks/discomforts, describe any psychological, social, or legal, risks that might result from participating in the research.

**ANTICIPATED BENEFITS TO PARTICIPANTS**

*Guidelines:* Describe the anticipated direct benefits to participants resulting from their participation in the research. If consent will be obtained from a legal representative of the participant, the direct benefit to the participant must be elaborated in the consent form. If there is no likelihood that participants will benefit directly from their participation in the research, state as much in clear terms. For example: “There are no direct benefits to you.” Do not include payment for participating in this section.

**PAYMENT FOR PARTICIPATION**

*Guidelines:* State whether the participant will be paid or offered other benefits (e.g., free care). If not, state so. If the participant will receive payment, describe remuneration amount, when payment is scheduled, and prorated payment schedule should the participant decide to withdraw or be withdrawn by the investigator. If the participant will be reimbursed for expenses such as parking, bus/taxi, etc., state so.

**CONFIDENTIALITY**

*Suggested text:* We will not reveal who you are in any publications or presentations. Other people may need to see your research records. This is to confirm requirements of the study are met. They may see your name. These representatives will not reveal who you are to others. If we use pictures, videos, or audio recordings, your identity will be protected as much as possible. *Omit the last sentice if you are NOT using photographs, videos or audio tape recordings.*

*Guidelines:* Give a brief description of how personal information, research data, and related records will be coded, stored, etc. to prevent access by unauthorized personnel. If applicable, explain how specific consent will be solicited, if any other uses are contemplated. If applicable, state if and when individual responses to survey questionnaires will be destroyed, following analyses of the data.

**PARTICIPATION AND WITHDRAWAL**

*Suggested text:* You do not have to be in this study. If you do not participate, your relationship with us is not affected. You may still receive other services if applicable. You may stop participating at any time without penalty. You may be stopped from participating if the study is not good for you. You may also be stopped if study instructions are not followed.

**IDENTIFICATION OF INVESTIGATORS**

*Suggested text:* Please contact one of the investigators listed below if you have any questions about this research. (*Identify the research point of contact. Include title, affiliation, a daytime telephone number with area code, and e-mail addresses.* ***If you are a student investigator, you must include contact information for a responsible faculty member as well as your own information****.*)

John Doe, Principal Investigator, University of Dayton, Biology Department, 937-111-0000, [John.Doe@udayton.edu](mailto:John.Doe@udayton.edu).

Sally Jones, Faculty Advisor, University of Dayton, Biology Department, 937-222-3333, Sally.Jones@udayton.edu.

**RIGHTS OF RESEARCH PARTICIPANTS**

You may contact the Institutional Review Board (IRB) at the University of Dayton if you have questions about your rights as a research participant: (937) 229-3515 or [irb@udayton.edu](mailto:irb@udayton.edu).

**SIGNATURE OF RESEARCH PARTICIPANT (*or legal guardian*)**

I have read the information above. I have had a chance to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form. **I certify that I am at least 18 years of age.**

Name of Participant (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Participant*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF WITNESS**

My signature as witness certifies that the Participant signed this consent form in my presence.

Name of Witness (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Witness*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

*(Must be same as participant signature date)*