

**Consent to Participate in Research**

Fill in areas [highlighted yellow and in brackets]; Delete areas *highlighted blue and in italics*.

Title of the Project: [Title of Project]

Principal Investigator: [Name, credentials, institutional affiliation]

Faculty Sponsor (if needed): [Name, credentials, institutional affiliation]

Study Sponsor: [If any]

*Note: If you are a student, you must include the name of the faculty sponsor.*

I/We would like to invite you to participate in a research study. This consent form will help you decide whether or not you want to participate in the study. Feel free to ask if anything is not clear in this consent document.

The purpose of the study is to [briefly describe study purpose].

*Use clear, concise, easy-to-understand language.*

In order to participate, you must be [briefly describe eligibility criteria].

*Why are you interested in this person for the study?*

If you agree to participate, you be asked to [do what, when, where, and how]. Your participation in this study will last [state period of time (e.g., how many minutes, hours, days, weeks, months, years)]. This study will involve [insert total number of participants if known] individuals.

*Include a complete description of the procedures for the study from the participants’ perspective. Use lay language to ensure understanding. DO NOT copy and paste technical or “research-y” language from the IRB application. After reading this, the potential participant should have a clear understanding of what they will be asked to do. We recommend using bullet points to ensure clarity. If the study occurs over multiple days, we suggest revising the bullet points to describe each day chronologically.*

* Task 1: Description of task; amount of time
* Task 2: Description of task; amount of time

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].

*Include a full list with clear descriptions of all reasonably foreseeable risks and/or discomforts participants might experience in this study. If one of the risks is a loss of confidentiality, state this. How you will address this will be covered later. It is difficult to know how individuals will react to research situations. Therefore, it is not acceptable to say that there are no risks.*

You might benefit from being in this study because [insert details]. **[OR]**

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

We will protect your information by [explain]. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project**. [OR]** [Describe limitations to confidentiality, if any.]

*Include a statement about how you and other researchers (if applicable) will keep data secure and describe who may have access to the data. We recommend one of the following statements:*

*Statement 1: Your data will be shared with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers may include information that can directly identify you. Researchers will not contact you or you for additional permission to use this information.*

*Statement 2: We will share your data or samples with other researchers for future research studies that may be similar to this study or may be very different. The data or samples shared with other researchers will not include information that can directly identify you.*

*Statement 3: The data or samples that we will collect about you will not be shared with any other researchers.*

If applicable, include the following statement: We plan to present and/or publish the results of this study. To protect your privacy, we will not include any information that could directly identify you.

We will/will not [choose one] keep your research data to use for [specify future research or other purpose]. 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 be deleted from the research data collected as part of the project.

It is totally up to you to decide to participate in this research study. Participating in this study is voluntary. The decision to participate will not affect your relationship with The University of Houston-Downtown [add as appropriate: College, department, course, instructor(s)]. You will not lose any benefits or rights you already had it you decide not to participate. Even if you decide to be part of this study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

If you decide to withdraw from the study before it is completed, [provide details about disposition of data].

Please take time to read this entire form and ask questions before deciding whether you agree to take part in this research study.

If you have any questions about this research, you may contact:

[Name of PI]

Phone:

Email:

Any questions regarding your rights as a research subject may be addressed to the UHD Committee on Standards for Research involving Human Subjects through its current chair, [insert name of current chair] at [current chair’s office phone number] or humansubjects@uhd.edu. Projects that are carried out at the University of Houston-Downtown are governed by requirements of the University and the Federal Government.

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. We will give you a copy of this document for your records. 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.

\_\_\_I do not agree to take part in this study.

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Printed Subject Name

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Subject Signature Date

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Printed Name and Signature of Person Obtaining Consent Date