

**CONSENT TO PARTICIPATE IN RESEARCH**

**[Fill in all highlighted material below. As this represents a sample template, some information may vary. Be sure to delete highlighting, as well as this instruction statement, in submitted version.]**

**TITLE:** [Approved Title of the Research Project]

**INVESTIGATOR:** [Your name, Department, College/School, phone number(s)]

**ADVISOR: (if applicable)** [Your Advisor's name, Department, College/School, office phone number(s)]

**PURPOSE:** You are being asked to participate in a research project that seeks to investigate **[explain in a short sentence the project’s goal]**. You will be asked to complete **[explain briefly the specific tasks participants will do, *and the time involved*]**.

**SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the **[doctoral or masters]** degree in [ ] at Seattle University. **OR** This study is supported by a grant from , **OR** write “None.”

**RISKS:** There are no known risks associated with this study. However, **[describe any reasonably foreseeable risks and/or discomforts, including physical, psycho-social, or legal. Also, note arrangements you’ve made to avoid/minimize such risks.]**

**BENEFITS:** **[Describe any benefits to the individual subject, community, or to scientific knowledge.]**

**INCENTIVES: [State whether incentives will be provided to participates (*food/beverages do not constitute incentives*. If none, state: “You will receive no gifts/incentives for this study.”]** Participation in the project will require no monetary cost to you.

**CONFIDENTIALITY: [Explain whether you will collect subjects’ names or any identifiers (including demographic information) in connection with the data. If not, state that fact.]** Your name will never be used in any public dissemination of these data (publications, presentations, etc.). **[If you will not collect names OR if you might use names in research dissemination, omit the previous sentence.]** All research materials and consent forms will be stored **[explain data protection: electronic encryption, locked cabinet, etc., and indicate who will have access to the data]**. Human subjects research regulations require that data be kept for a minimum of three (3) years. When the research study ends, any identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be kept confidential. [If data collection involves **focus groups**, revise previous sentence to state, “Confidentiality cannot be guaranteed in a focus group setting; however, we ask all participants to respect others’ privacy and keep all information shared confidential.”] However, if we learn you intend to harm yourself or others, we must notify the authorities. **[Omit the previous sentence if the study will not solicit information that could result in such a disclosure.]**

**RIGHT TO WITHDRAW:** Your participation in this study is *voluntary*. You may withdraw your consent to participate at any time without penalty. Your withdrawal will not influence any other services to which you may be otherwise entitled.

**SUMMARY OF RESULTS:** A summary of the results of this research will be supplied to you, at no cost, upon request. **[List PI phone number and email address again here. Indicate approximate time frame when the summary will be available to participants.]**

**VOLUNTARY CONSENT:** I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any concerns about my participation in this study, I may call **[name of investigator]**,who is asking me to participate, at **[insert phone number.]** If I have any concerns that my rights are being violated, I may contact Dr. Michael Spinetta, Chair of the Seattle University Institutional Review Board at (206) 296-2585.

[**If the consenting signature will be the ONLY identifier associated with this study, you may request in your protocol application (Section 7.2) to distribute this “informational sheet” for participants to retain and conduct oral consent (that is, after they have read the information sheet, their choice to participate represents their consent. If you will obtain oral consent, delete the signature lines below. Regardless, delete this highlighted statement in your submitted draft.**]

Participant's Signature Date

Investigator's Signature Date

**[If not applicable to the study, delete the following section.]**

**CONSENT TO USE IDENTIFYING INFORMATION:**

I give my permission for my name **[include as applicable: image, institution, affiliation, direct quotes, etc.]** to be used in any presentations, publications, or other public dissemination of the research findings of this study.

Participant's Signature Date