**SAMPLE Adult Consent form – identifiable info stored (Reading level at 9th-10th grade)**

**UL Lafayette IRB approval number: \_\_\_\_\_\_\_\_\_\_**

You are being invited to participate in a research project by Dr. Researcher from the University of Louisiana at Lafayette. The purpose of this study is to look at changes in attitudes by adults in Louisiana about participating in research. You were chosen at random from the 1990 Louisiana census. We expect this study to last about 5 years and will collect data from at least 11,000 Louisiana citizens.

You will be asked to answer the same survey several times: today, one year from today and 5 years from today. Each time you fill out the survey will take about 30 minutes if you do it yourself or about 45 minutes if you have a research assistant read to you.

The only expected risks to you for taking part in this study are boredom from answering the questions and loss of time while completing the surveys.

There is no benefit to you if you participate, but the researchers may learn how people’s attitudes change towards participating in research. This project may improve how research for the people of Louisiana is done in the future.

The results of this research may be published in professional journals but the names of the people who participated will NOT be part of any of the reports. The forms you are filling out will be destroyed after all the data has been entered for analysis. Your name race, sex, age, and hometown will be gathered to allow us to compare your responses over time and analyze any attitude changes that you have toward research as you age. If you do not return to complete the 2nd or 3rd surveys, your forms will be shredded without recording any of your information.

Your answers will become part of a large database. After the information from your 3rd survey is entered into the database, your name will be replaced with a numerical identifier to protect your identity. This is not an absolute protection, since your race, sex, age and hometown could be enough information to identify you as a participant. This database (without your name) will be kept for 20 years after the last participant completes the 3rd survey. It will be made available to other researchers who may have questions about opinions toward research participation. At no time will future researchers have access to your name and you will not be asked to provide consent for their research projects.

You are not required to participate in this research. It is your choice whether to be a part of the study or not. You may decide to not be a part of the study, even if you have begun to fill out the survey. Return the unfinished survey to the research assistant at the front of the room. If you decide after you leave that you don’t want your answers used, you may call the researchers and request that your information be destroyed. There will be no bias or penalty from University of Louisiana at Lafayette or the State of Louisiana, if you decide not to participate or if you decide to stop participating in the research

If you have any questions about this research or your participation in the study you are welcome to call me, Dr. Alpha, at 337-482-1234 or Dr.alpha@louisiana.edu at UL Lafayette. I will make every effort to answer your questions. If you have any questions about your rights as a research participant, please contact the Chair of UL Lafayette Institutional Review Board (IRB) at [irb@louisiana.edu](mailto:irb@louisiana.edu) or 337-482-5811. The primary purpose of the UL Lafayette IRB is to protect the rights and welfare of human subjects involved in research activities being conducted at UL Lafayette.

**CONSENT**

I understand that I am participating in research and that the research has been explained to me so that I understand what I am doing. I understand that I may stop participating at any time.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship if any\_\_\_\_\_\_\_\_\_\_\_\_

Reason for witnessing the form (ex: unable to read, signs with X) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_