Consent to Participate in Research

1. Investigation of :_____. (*Study title*)

2. Principal Investigator: *(Place Primary Investigator's name, office telephone and email here)*

Secondary Investigator: *(Place Co-Investigator's name, office telephone and email here)*

You are deciding whether or not to participate in research.

3. Description: The primary purpose of this study will be: _____

Investigators will ... *(Give enough description of the project to inform potential participants of what they will be doing or have done to them to allow them to make informed consent). Approximate numbers of potential participants should be made known along with the reason the reader was selected for the project.*

This may be a short paragraph or two so that the participant has enough information to allow them to make an informed choice.

4. Benefits:

The benefits of participating in the study are *(The benefits should be enumerated in enough detail so that the participant can make an informed choice. There should be no coercion in the benefits that are offered).*

5. Risks:

There is *(identify the level of risk)* risk associated with the proposed research. *(The risks should be enumerated in enough detail to inform the participants such that they can make an informed choice).*

6. Confidentiality:

Any information obtained about you from this research, *(For example: history, laboratory data, or findings on physical measures will be kept strictly confidential. When the study results are published, they will be made anonymous and/or disguised so that identification cannot be made. (The provisions for the confidentiality of the participant's data should be explained in full).*

7. Right to Withdraw:

You may refuse to participate in this study or to withdraw from it at any time by informing (*The primary investigator, co–investigator, project director, whom ever is responsible for removing data sets or withdrawing participants),* in writing, or by telephone. Your decision will have no bad effect on your status with the _____ or the university, nor will it cause a penalty or loss of any benefits to which you are entitled.

8. Compensation For Illness or Injury:

(*The participant must be fully informed as to what to do if harmed by the project and who to inform. What ever assistance or arrangements for helping the participant overcome any harm should be fully stated here). (Any other information regarding injury should be spelled out as in the following example).* For example*: If an injury is not caused by the negligence of U.L. Lafayette, you will be personally responsible for the expense of any emergency care and any other medical expenses incurred as a result of this injury.*

9. Financial arrangements:

This should be made known including whether there is financial benefit to the researcher that is or is not passed along to the participants. *(If the researcher is being paid to collect data from local participants and send it to a central data collection site as in nationwide or worldwide drug studies, the participant should be so informed. You may clarify whether the PI will or will not receive personal profit from this study.)*

10. Your Legal Rights: Your agreement to participate in this research will not take away any of your legal rights as a citizen or any of your other legal rights.

Participant's Initials_____

11. Research Oversight:

All research at the University of Louisiana at Lafayette that involves human participants is overseen by the Institutional Review Board. Questions or problems regarding your rights as a participant should be addressed to Dr. Evelyn Wills, telephone number 337-482-5607, e-mail: ewills@louisiana.edu; Address: The University of Louisiana at Lafayette; P.O. Box 43810; Lafayette, LA 70504-3810

12. Voluntary Consent:

Please certify that you have read the preceding or that it has been read to you, and that you understand its contents. Please acknowledge whether you have been given the opportunity to ask questions regarding the study hazards, discomforts, and benefits that were not clear to you, and that all questions you asked were fully answered. We want you to understand that further questions, should you have any, will be answered by: *(the names and telephone numbers of the primary investigator, co-investigators and project directors should be given here).* A copy of this consent form will be given to you.

Your signature below means that you freely agree to participate in this study.

_____ _____

Date Participant's Signature

_____

Witness*

*Reason for signature of witness.

13. *Suggested other types of signature formats: ie: To make provision for under-age groups:*

Legal Guardian Name	**Legal Guardian Signature**	**Date**
Child's name/ ASE	**Child's fingerprint**	**Date**
Name of Adult Participant	**Adult Participant Signature**	**Date**
Name of Person Administering Consent; Signature		**Date**

(*If the Consent form is longer than two pages, have the participant initial or sign at the end of each page. This allows the participant to indicate that they were aware that the consent is longer than a single page). Append a footer with the* Participant's Initials:___ *at the end of each page.*

Use a page numbering system that lets the participant know the length of the consent form and their progress in reading it.