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**Documentation of Informed Consent for Participation in Research Study**

**Project Title:** [*insert title*]

**Principal Investigator:** [*insert name and contact information*]

\*You are being asked to participate in a research study. The purpose of the research is [*insert purpose*], and the findings may be [*published, presented, or both*]. The expected duration of your participation is [*insert estimated duration*].

The procedures of the research will be as follows [*insert brief summary*]. [*If any of the procedures are experimental, say this here as well*.]

\*There [*will be/will not be*] certain risks or discomforts associated with this research. [*If yes, explain them here*.]

\*There [*will be/will not be*] benefits to you from this research. [*If yes, explain the benefits here*.]

\*[*If you are offering medical treatment, you should list here the possible alternative treatments that participants might be able to use*. *Otherwise, this point may be deleted.*]

\*The information you provide for purposes of this research [*is anonymous/is confidential/is not confidential*]. [*If necessary, please explain further what the status of the information will be*.]

\*[*For research involving more than minimal risk, add here an explanation as to whether any compensation or medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained*. *If inapplicable, this point may be deleted.*]

\*[*An explanation of whom to contact for answers to pertinent questions about the research and research subject's rights, and whom to contact in the event of a research-related injury to the subject; for example: "Questions about the research, my rights, or research-related injuries should be directed to (PI name) at (telephone number)*."]

\*Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_