ALVERNIA UNIVERSITY
INSTITUTIONAL REVIEW BOARD
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

[Instructions: Please use this template to prepare your consent form. Bolded, italicized text found throughout this Document offers guidance and suggestions. Replace this text with the appropriate wording for your project.]

Project Title: [This should be the same as the title used in the IRB Application.]

Why is this research being done?
This is a research project being conducted by (your name) at Alvernia University. We are inviting you to participate in this research project because you _____ [describe why the person reading the consent form is a possible research subject for your project.] The purpose of this research project is _______. [Describe the knowledge or information that is being sought and explain why you are seeking the knowledge or information. Use lay language when describing this section.]

You are being asked to volunteer for this research study. You were selected as a possible participant because [explain how the participant was selected]. About [insert number of study participants] people will take part in this study.

Please read this form and ask any questions that you may have before agreeing to take part in this study.

Procedures
If you agree to be in this study, you will be asked to do the following:

[Explain the tasks/procedures involved in the study chronologically using lay language and short sentences. State the location where the study will be conducted. Explain medical and other technical terminology using simple language. Identify assignments to study groups, frequency of procedures, etc. Describe any procedures that are experimental. If the research involves surveys or interviews, include a detailed description of the questions.]

Alternate Procedures
[Include a disclosure of appropriate alternative procedures or courses of treatment. If any, that may be advantageous to the participant. For example, if the study involves participation in a student research pool where students have the option of a non-research assignment, this should be disclosed. If there are no alternative procedures, this may be omitted.]
Length of Participation
[Indicate the length of time of participation. Include anticipated circumstances under which the participant’s participation may be terminated by the investigator without regard to the participant’s consent.]

Confidentiality
In published reports, there will be no information included that will make it possible to identify you without your permission. To help protect your confidentiality,_________. [Include a description of the procedure to maintain the confidentiality of the data, e.g., having a locked filing cabinet or storage area, using identification codes only on data forms, and using password-protected computer files. For anonymous surveys, state “the surveys are anonymous and will not contain information that may personally identify you”. For coded identifiable information, state the following if applicable (1) your name will not be included on the surveys and other collected data; (2) a code will be placed on the survey and other collected data; (3) through the use of an identification key, the researcher will be able to link your survey to your identity; and (4) only the researcher will have access to the identification key.]

If a report or article is written about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of Alvernia University or governmental authorities if you or someone else is in danger or if we are required to do so by law. [If there is a possibility that you will collect information on child abuse or neglect, abuse or neglect of the developmentally disabled or other vulnerable adults, danger to the participant or others, or similar types of information that may need to be disclosed to comply with legal requirements, professional standards, etc, the possibility of such disclosure must be included in the consent form. Use the following example, and modify it to include all applicable types of information. If there is a possibility that you will collect such information, but you do not intend to disclose it, you must provide an explanation and any justification for non-disclosure in your IRB Application.]

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

Waivers of Elements of Confidentiality
Your name will not be linked with your responses unless you specifically agree to be identified.

_____ I consent to being quoted directly.
RISKS
This study has the following risks. There may be some risks from participating in this research study. [Describe any known risks including physical, psychological, social, emotional, legal and financial risks that may result from participating in the research. Some studies include risks that may be better described as things that could make the subject feel uncomfortable such as fear, embarrassment or fatigue. These are also examples of risks that should be included. If you will be asking the subject any sensitive questions, (e.g. drug abuse, criminal activity), please indicate this and provide information on the topics that will be covered. Do not describe risks as minimal and do not state that there are no risks beyond everyday life. Risks should be consistent with the risks described in the protocol. If applicable, include a statement that the research (or a particular procedure) may involve risks to the subject (or to the embryo or fetus if the subject is or may become pregnant) that are currently unforeseeable or if applicable, state the following: There are no known risks associated with participating in this research project.]

Benefits of being in the study include
[List only the direct and reasonably expected benefits to the participant. Monetary compensation and extra credit for courses are not benefits and should be described in the procedures section.] You may say “this research is not designed to help you personally, but the results may help the investigator learn more about __________. We hope that, in the future, other people might benefit from this study through improved understanding of ____.”

Rights
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. [If applicable, include an explanation of any circumstances under which a subject’s participation may be terminated by the investigator without regard to the participant’s consent. If applicable, include an explanation of the consequences of a subject’s decision to withdraw from the research and any procedures for orderly termination of a participant’s participation.]

Injury
Alvernia University does not provide any medical, hospitalization or other insurance for participants in this research study, nor will Alvernia University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.
Costs
[Include information regarding who will pay for any tests and/or procedures. If there is no cost to the participant, state that there is no cost for participation.]

Compensation
You (will/will not) be reimbursed for your time and participation in this study. [Include payment, reimbursement, class credit, etc. Explain when disbursement will occur and conditions of payment, e.g., if compensation will be reduced for early withdrawal.]

Audio Recording of Study Activities (Delete this section if not applicable.)
To assist with accurate recording of participant responses, interviews may be recorded on an audio recording device. You have the right to refuse to allow such recording. Please select one of the following options:

I consent to audio recording. _____ Yes _____ No

Video Recording of Study Activities (Delete this section if not applicable.)
To assist with accurate recording of participant responses, interviews may be recorded on a video recording device. You have the right to refuse to allow such recording. Please select one of the following options:

I consent to video recording. _____ Yes _____ No

Photographing of Study Participants/Activities (Delete this section if not applicable.)
In order to preserve an image related to the research, photographs may be taken of participants. You have the right to refuse to allow photographs to be taken without penalty. Please select one of the following options:

I consent to photographing. _____ Yes _____ No

Contacts and Questions
This research is being conducted by [Principal Investigator's name and department] at Alvernia University. If you have any questions about the research study itself, please contact (Principal Investigator’s name) at (Address, telephone number, and if appropriate, email address of Principal Investigator. If the researcher is a student, include the advisor’s name, telephone number, and email address here.)
If you have questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact Peggy Bowen, Ph.D., CTS, Chair of IRB, Bernardine Hall 1018 C, Alvernia University, 610.796.8483, Peggy.Bowen@Alvernia.edu.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

Statement of Consent
I have read the above information. I have asked questions and have received satisfactory answers. I consent to participate in the study.

__________________________________________  __________________
Signature                                      Date

***Please note: When the consent form requires more than one page, please include a space for the participant to initial and date at the top right-hand corner of each page. The corner should appear as: Initials______ Date_____.

Also, each page must display a page range such as, Page 1 or 2, then Page 2 of 2. This additional information would confirm that the participant agreed to the entire contents of the consent form.***