**ALVERNIA UNIVERSITY**

**INSTITUTIONAL REVIEW BOARD**

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

Template for Written Informed Consent

REMOVE all RED before saving final version.

RED indicates NOTES to the investigator.

KEEP ALL information in BLACK

**Investigator:**

**Contact Information:**

**Date:**

**Introduction**

This is a research project being conducted by (your name). I am \_\_\_\_\_\_\_\_ at Alvernia University. Before you agree to participate you should have enough, clear, information about the study’s procedures, risks, and benefits to make an informed decision.

The **purpose of this research study** is [describe the overall purpose of the study in plain English, in a few sentences, simple language].

**Procedures**

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

[Explain what the participants will be asked to do, chronologically, using lay language and short sentences. State the location where the study will be conducted. How long the participation will take].

**Risks**

[Describe any reasonable, foreseeable risks or discomfort the participants may experience, as presented in the protocol]

**Benefits**

[Describe any direct and reasonable expected benefit to the participant. If there are no benefits, state so.] [Monetary compensation and extra credit for courses are not benefits and should be described in the procedures section.]

**Record Keeping and Confidentiality**

[Describe record keeping procedures, including who will have access to records, whether and how confidentially will be maintained, and what information is expected to be reported.]

Required statement: Records of your participation in this study will be held confidential so far as permitted by law. 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. Any publication or presentation of the data will not identify you.

**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 affected for early withdrawal.]

**Costs**

[Include amount and type of compensation. If none, omit this section.]

**Voluntary Participation**

Your participation in this research is completely voluntary. You may choose not to take part at all. 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. You do not give up any of your legal rights by signing this form.

**For more information about this research or your rights:**

If you have any questions about the research study itself, please contact [Principal Investigator’s name and contact information- If the researcher is a student, include the advisor’s name, and contact information].

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 the Institutional Review Board at [Alvernia.irb@alvernia.edu](mailto:Alvernia.irb@alvernia.edu) or 610-685-3338.

**By signing below**, you acknowledge that you have been informed about and consent to be a participant in the study described above. Make sure that your questions are answered to your satisfaction before signing. You are entitled to retain a copy of this consent agreement.

**Participant name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Person who explained the study** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_