**Aurora University**

**Institutional Review Board**

**SAMPLE INFORMED CONSENT FORM\***

(Include the following information)

**INFORMED CONSENT STATEMENT**

[List title of project here]

**INTRODUCTION**

State that participants are invited to participate in a research study. **This is a letter to the participant, so remember to address them here** (e.g. “You are invited to participate…). Briefly describe the study and state the purpose/objectives of the study.

**INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY**

List all procedures, preferably in chronological order, that will be employed in the study. Point out any procedures that are considered experimental. Clearly explain important terminology using non-technical language. Explain all procedures using language that is appropriate for the expected reading level of your participants.

State the amount of time required of participants per session and for the total duration of study. When appropriate, state the amount of participants included in the study.

If audio-taping, video-taping, or film procedures are going to be used, provide information about the use of these procedures.

**RISKS**

List all reasonably foreseeable risks of each of the procedures to be used in the study. All research consists of some element of risk as it interferes with daily living and these must be described here (i.e. Do not state that the study has no risks). Measures for minimizing these risks should also be mentioned in this section.

It is advisable NOT to state that the research includes only minimal risk. The IRB will make that determination. In this section, simply articulate what the foreseeable risks are, how they will be minimized, and that there could be unforeseeable risks associated with participation.

**BENEFITS**

List the benefits you anticipate will be achieved from this research, either to the participants, others, or the body of knowledge.

**CONFIDENTIALITY**

State that the information in the study records will be kept confidential and how they will be kept this way (at least two locks/password should be described). Data will be stored securely (for 3 years) and will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. No reference will be made in oral or written reports that could link participants to the study.

Additional information and measures of data storage, security, and confidentiality should be included here if using virtual/electronic platforms, such as Zoom or with electronic survey platforms. See the “Electronic/Virtual Data Collection” section in this manual and the Electronic Surveys guidelines on the IRB website for more specific information to discuss here.

**CONTACT INFORMATION**

The following is a template that can be generally used for the section on contact information:

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, [Name], at [Office Address or email], and [Phone Number]. If you have questions about your rights as a participant, contact Chair [Current IRB Chair Name], Institutional Review Board, Aurora University, [Current IRB Chair email and phone number]. If you have need of a counselor as a result of participation, please contact the AU Counseling Center at 630-844-4932 (when more appropriate, such as with studies in local school settings, other counseling resources should be included here, rather than the AU Counseling Center).

**PARTICIPATION**

The following is a template that can be generally used for the section on voluntary participation:

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, you may withdraw from the study at any time without penalty. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

**CONSENT**

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Investigator's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

If applicable, provide an additional signature and date line that allows participants to consent to audio/video recording

\*This sample serves as a template to help applicants construct informed consents. However, the IRB reviews each consent form in the context of the proposed research and may require additional elements and information in the consent form beyond what is included here.