 [Insert Department]

[CONSENT/PARTICIPANT INFORMATION/PARENT/GUARDIAN PERMISSION] Form

[Insert Title of Study]

***Note to investigators:*** *this template encompasses all of the required and some additional elements of informed consent, as required by federal regulations. These requirements can be found on the* [*IRB’s website*](https://irb.okstate.edu/consent-process)*.*

*In the header above, enter the appropriate information for your department, title of your study, and type of form. Please use Consent Form if you are asking for written consent and use Participant Information Form if you are requesting a waiver of documentation of consent (no signature line). Please use Parent/Guardian Permission Form if requesting consent for a minor to participate in research studies. If this form is being used as a Parent/Guardian Permission Form, please replace “you” with “your child” throughout the text of this form.*

*Text that does not apply to your research should be deleted or modified as appropriate. The text is intended to be instructional rather than declarative. Be sure to delete all instructive text, which is in red, italicized font throughout the document, before submitting the informed consent for IRB review. Sections highlighted in dark grey are fillable text fields you are expected to complete.*

*Key Information: Informed consent documents that are longer than 4 pages are required to begin with a concise and focused presentation of the key information that is most likely to assist a prospective participant in understanding the reasons why one might or might not want to participate. Skip this section for now. If once you complete modifying this template, the final consent form is less than four pages long, delete this section. If the final consent form is longer than four pages, enter the following information, and delete this instructional text:*

**Key Information**

Study Purpose:

Major Procedures of the Study:

Duration of Participation:

Significant Risks:

Potential Benefits:

Compensation:

### Background Information

You are invited to be in a research study of [Insert a general statement about the study]. You were selected as a possible participant because [Explain how participant was identified]. We ask that you read this form and ask any questions you may have before agreeing to be in the study. Your participation is entirely voluntary.

**This study is being conducted by:** [Name of researcher, department (indicate University affiliation)]

***\*\*****If the Researcher is a Student, add the following:* ,under the direction of [Name of Faculty Adviser, department (indicate University affiliation)].

**Procedures**

**If you agree to be in this study, we would ask you to do the following things:** *Provide a detailed description of what participants will be asked to do, taking care to use easily understandable language and terms. It may be helpful to use pictures, tables, and/or flowcharts to improve participant comprehension of the procedures involved. If the participant will be photographed, audio taped, or video taped, include a description in this section. If your study involves deception, please give as much information as possible without using false statements.*[Procedures]

*If the study involves biospecimens, please use the Biomedical Informed Consent Template instead.*

**Participation in the study involves the following time commitment:** *If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment and the total time for all sessions.*[Time Required]

### What Steps Are Being Taken to Reduce Risk of Coronavirus Infection?

The following steps are being taken to address the risk of coronavirus infection:

**Screening:** Researchers and participants who show potential symptoms of COVID-19 (fever, cough, shortness of breath, etc.) will NOT participate in this study at this time.

**Physical distancing**: Whenever possible, we will maintain at least 6 feet of distance between persons while conducting the study.

**Mask/Covering**: *Researchers may choose to wear a mask and may offer one to participants but may not require or request participants wear a mask per OSU policy.*

**If collecting saliva or other biological samples explain how risks will be reduced during these procedures**

**Handwashing**: Researchers and participants will wash hands before/during the focus group or use a hand sanitizer containing at least 60% alcohol.

**Disinfecting materials:** We will clean and disinfect surfaces between participants, using an EPA-registered disinfectant or a bleach solution (5 tablespoons of regular bleach per gallon of water) for hard materials and by laundering soft materials. Disinfected materials will be handled using gloves, paper towel, plastic wrap or storage bags to reduce the chance of re-contamination of materials.

**Electronics:** Alcohol-based wipes or sprays containing at least 70% alcohol will be used to disinfect shared touch screens, mice, keyboards, etc. Surfaces will be dried to avoid pooling of liquids.

### Risks and Benefits of being in the Study

**The study involves the following foreseeable risks:** *Describe the risks and what you will do to minimize the risks. Include all possible physical, psychological, professional or personal risks and/or hazards for the participants in this section. Any risks listed in the protocol must be addressed in the consent form. However, it is important to not overstate the risks as well.*[Risk(s)]. In order to assist with the offset of these risks, [Protections] will be provided. *If physical injuries or mental health risks are present, a sentence must be included that states whether treatment will be provided from the research team or from the research team’s resources. [Delete if not applicable.].* In case of injury or illness resulting from this study, emergency medical treatment will be available [State how and where]. No funds have been set aside by Oklahoma State University to compensate you in the event of illness or injury.

*OR*

*If no risks:*

There are no known risks associated with this project, which are greater than those ordinarily encountered in daily life.

**The benefits to participation are:** *List direct benefits to subjects. This section must be consistent with the benefits as explained in the protocol submitted to the IRB. DO NOT include compensation, payments, or extra credit in this section.* The benefits which may reasonably be expected to result from this study are[Direct Benefits to Participants]. We cannot guarantee or promise that you will receive any benefits from this study.

All studies should include a statement that states there is a potential risk of breach of confidentiality which is minimized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OR*

*If no direct benefits:*

There are no direct benefits to you. More broadly, this study may help the researchers learn more about [Topic(s)] and may help [future populations with a similar issues/future researchers design interventions to help with a topic].

**Compensation**

*If participants will receive a small token or chance in a drawing, include that information here. Explain when disbursement will occur and conditions of payment. For example, if monetary benefits will be prorated due to early withdraw. If using a Drawing: Describe the odds of winning the drawing. If using Extra Credit: If participants will receive class points, please note the number of points as a percentage of the grade and include the alternative assignment.* You will receive [Describe Compensation] as compensation for your participation.You will receive payment [Include payment or reimbursement information here.] *If compensation is over $100:* You may need to provide your social security number to receive payment. *If necessary:* To be eligible to receive the compensation, you need to [Describe Prorated Payment].

*OR*

*If no compensation:* You will receive no payment for participating in this study.

*Include if using mTurk:*

MTurk does not allow for prorated compensation. In the event of an incomplete HIT, you must contact the research team and compensation will be determined based on what was completed and at the researchers' discretion.

**PLEASE NOTE: This study contains a number of checks to make sure that participants are finishing the tasks honestly and completely. As long as you read the instructions and complete the tasks, your HIT will be approved. If you fail these checks, your HIT will be rejected.**

**Confidentiality**

*Use this section to describe how you will keep the participant’s data private and confidential. This should include a brief statement about how you will collect their data, store it, and use it in your study.* *Select the text appropriate for your particular study. Address then delete instructional text once complete. These examples will not cover all situations, please adjust as needed for your study.*

*Anonymous. Reseacher does not know who completed the study:*

The information you give in the study will be anonymous. This means that your name will not be collected or linked to the data in any way. The researchers will not be able to remove your data from the dataset once your participation is complete.

*Anonymous Results But Researchers Can Identify Who Participated:*

The information your give in the study will be stored anonymously. This means that your name will not be collected or linked to the data in any way. Only the researchers will know that you have participated in the study. The researchers will not be able to remove your data from the dataset once your participation is complete.

*Coded Data/Pseudonym linked with identifying information:*

The information that you give in the study will be handled confidentially. Your information will be assigned a code number/pseudonym. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report

*Confidentiality cannot be Guaranteed:*

*In some cases it may not be possible to guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview, ethnographic research, oral history projects).*

Because of the nature of the data, I cannot guarantee your data will be confidential and it may be possible that others will know what you have reported. The researchers will make every effort to ensure that information about you remains confidential, but cannot guarantee total confidentiality. Your identity will not be revealed in any publications, presentations, or reports resulting from this research study. *If applicable:* However, it may be possible for someone to recognize your particular story/situation/response. *If your research is in a group setting:* While we will ask all group members to keep the information they hear in this group confidential, we cannot guarantee that everyone will do so.

We will collect your information through *(Examples: interviews, audio recordings, online surveys, paper surveys, e-mail, etc.)* [Data Collection Method]. This [information/data] will be stored *(Examples: a locked drawer in a restricted-access office, on an encrypted flash drive/external hard drive, in a restricted access folder on Dropbox.com, an encrypted, cloud-based storage system, etc.)* [Data Storage]. *If the data has identifiers that will be separated and destroyed, state the timeframe for doing so:* When the study is completed and the data have been analyzed, the code list linking names to study numbers will be destroyed. This is expected to occur no later than [State Time Frame]. *If the data has audio/visual recording, please state the timeframe for destruction of the recording and what, if anything, will be kept:* The audio/video recording will be transcribed. The recording will be deleted after the transcription is complete and verified. This process should take approximately [State Time Frame]. *OR* The audio/video recording will be kept as part of the study records *(example: indefinitely until no longer useful, for five years, etc.)* [State Time Frame].This informed consent form will be kept for [State Time Frame] *(Required minimum is 3 years)* years after the study is complete, and then it will be destroyed. Your data collected as part of this research project, [may/will not] be used or distributed for future research studies.

*Include the following text if using an online survey or data collection tool. Delete if not:*

The research team works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. However, your participation in this online survey involves risks similar to a person’s everyday use of the internet. If you have concerns, you should consult the survey provider privacy policy at [insert link to online privacy policy].

*Include if using mTurk:*

Your Mechanical Turk Worker ID will be used to distribute payment to you but will not be stored with the research data we collect from you. Please be aware that your MTurk Worker ID can potentially be linked to information about you on your Amazon public profile page, depending on the settings you have for your Amazon profile. We will not be accessing any personally identifying information about you that you may have put on your Amazon public profile page.

*Use if you HAVE NOT received an NIH Certificate of Confidentiality: This will be for most studies.*

It is unlikely, but possible, that others responsible for research oversight may require us to share the information you give us from the study to ensure that the research was conducted safely and appropriately. We will only share your information if law or policy requires us to do so. *If working with children, the elderly, disabled persons, or other vulnerable populations that carries a reporting requirement, please modify the bracketed language appropriately and include the following statement:* If the researchers learn that you are [abusing/neglecting/going to engage in self-harm/intend to harm another], state law requires the researchers report this [behavior/intention] to the authorities. Finally, confidentiality could be broken if materials from this study were subpoenaed by a court of law.

*OR*

*Use if you HAVE received an NIH Certificate of Confidentiality: this section below is required for all NIH funded research, and any other research, with a NIH Certificate of Confidentiality.*

**Certificates of Confidentiality**

To help us protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health (NIH). With this Certificate, we can’t be forced by a court order or subpoena to disclose information that could identify you in any civil, criminal, administrative, legislative or other proceeding.

There are circumstances where the Certificate doesn’t protect against disclosure of your personally identifiable information:

* when the US government is inspecting or evaluating federally-funded studies
* when information must be disclosed to meet FDA requirements
* if you give someone written permission to receive research information or you voluntarily disclose your study information
* if the researcher reports that you threatened to harm yourself or others
* in cases of child abuse reported by the researcher
* if the investigator reports cases of contagious disease (such as HIV) to the state

You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. This means that you and your family must also actively protect your own privacy. Finally, you should understand that the investigator is not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others.

**Voluntary Nature of the Study**

Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time. The alternative is to not participate. *. If your study involves an interview or a survey:* You can skip any questions that make you uncomfortable and can stop the interview/survey at any time. *(If applicable)* Your decision whether or not to participate in this study will not affect your *(Example:* *employment; medical care; grades in school, etc.)* [Description].

**Contacts and Questions**

The Institutional Review Board (IRB) for the protection of human research participants at Oklahoma State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at [Phone number], [E-mail address]. If you have questions about your rights as a research volunteer or would simply like to speak with someone other than the research team about concerns regarding this study, please contact the IRB at (405) 744-3377 or irb@okstate.edu. All reports or correspondence will be kept confidential.

***You will be given a copy of this information to keep for your records.***

**Statement of Consent**

I have read the above information. I have had the opportunity to ask questions and have my questions answered. I consent to participate in the study.

*Include the following if applicable. Add statements as needed.*

Indicate Yes or No:

I give consent to be audiotaped during this study.

 \_\_\_Yes \_\_\_No

I give consent to be videotaped during this study:

 \_\_\_Yes \_\_\_No

I give consent for my identity to be revealed in written materials resulting from this study:

 \_\_\_Yes \_\_\_No

I give consent for my data to be used in future research studies:

 \_\_\_Yes \_\_\_No

I give consent to be contacted for follow-up in this study or future similar studies:

 \_\_\_Yes \_\_\_No

*Include the following for Parent/Guardian Permission Form:*

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Use the following for Written Informed Consent:*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Signature of Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*OR*

*If you have applied for a Waiver of Documentation of Consent (No Signature Line) Use the following instead:*

**If you agree to participate in this research, please** [Description]. *(Describe what the participant must do to indicate agreement to participate. Example: “complete the attached survey”, or “click I Agree to continue”).*