 [Insert Department]

[CONSENT/PARTICIPANT INFORMATION] Form

[Insert Title of Study]

***This template includes all the required parts of informed consent, along with some extra helpful parts, based on federal rules. You can find more about these rules on the*** [*IRB’s website*](https://irb.okstate.edu/consent-process)*.*

*At the top of the form, fill in your department name, the title of your study, and what kind of form this is. Use* ***Consent Form*** *if you are asking for written permission (with a signature). Use* ***Participant Information Form*** *if you don’t need a signature (a waiver of written consent).*

*Delete or change any text that doesn’t fit your study. The text in this template is here to help guide you and is not meant to be part of the final form. Before you turn in the form to the IRB, make sure to delete all the helpful notes written in red, italic text. The sections in dark grey are where you need to type in your own information. The IRB suggests using short paragraphs or bullet points—especially when explaining risks or procedures—so it’s easier for participants to read.*

### Background Information

We are inviting you to be part of a research study about *[briefly explain the topic].* This form will tell you what the study is about, what we will ask you to do, and how your information will be used. Please read this carefully. Feel free to ask questions if you don’t understand something. Taking part in this study is completely your choice. You can decide not to join, or if you join, you can stop at any time. There is no punishment or penalty if you decide not to take part or if you quit later. *(If applicable)* Your decision whether to participate in this study will not affect your *[Explain for your applicable population involved in the study. Example: job; medical care; grades in school, etc.)]*

**This study is being conducted by:**

This study is being done by *[researcher’s name*] from [*department]* at Oklahoma State University.

*If the researcher is a student:*
The study is being done by *[student’s name]* and supervised by *[faculty advisor’s name and department].*

**Procedures**

*You can use pictures, charts, or step-by-step diagrams to help people better understand what will happen during the study.* ***If the Study Involves Deception:*** *If your study includes any kind of trick or doesn’t tell participants everything at first, give as much true information as you can without saying anything that isn’t true.* ***If the Study Uses Biospecimens (like blood or tissue samples):*** *Use the* ***Biomedical Informed Consent Template*** *instead of this one.*

If you decide to join, we will ask you to:

*[Explain in simple terms what participants will do. Example: “Fill out a survey, answer questions in an interview and/or focus group, or complete an activity.”]*

It will take about *[insert time, e.g., 30 minutes].*

*If there are multiple sessions:*

There are *[# of sessions].* Each session will take about *[insert time, e.g., 30 minutes].*

*If the study involves recordings (audio or video), add:*
We will be [*recording audio and/or video of you*] as part of the study.

### Benefits and Risks of being in the Study

*List direct benefits to subjects. If no direct benefits, list the benefits to society. This section should match what you write in your IRB application. DO NOT include compensation, payments, extra credit/SONA in this section. The IRB encourages use of short paragraphs or bullet points in this section.*

*OR*

*If no direct benefits:*

You may not get direct benefits from this study, but your participation could help researchers learn more about *[topic]* and help others in the future.

This study involves the following risks:
*[Explain any possible risks, e.g., “You may feel uncomfortable answering some questions.” “Conducting these activities could result in risks such as…”](See Examples below)*

We will take steps to reduce these risks by *[explain how risks will be minimized, e.g., “allowing you to skip any questions you don’t want to answer”].*

*Risk Examples:*

**Privacy Risks**: There is a chance your privacy could be at risk, but there are steps in place to keep your information safe. These steps are explained later in this form.

**Social/Economic Risks**: This study may include questions that could affect your social or financial status (like your reputation, job, or culture). If any question makes you uncomfortable, you can skip it or choose to quit the study at any time.

**Injury or Illness**: [Describe the possible risks of injury or illness and what you will do to reduce those]. If you get hurt or sick because of this study, emergency medical care will be available *[explain how and where]*. However, Oklahoma State University will not provide money to compensate you for any injury or illness.

**Sensitive or Embarrassing Content**: This study may include material that some people might find sensitive or embarrassing (such as offensive, threatening, or upsetting content). If any question makes you uncomfortable, you can skip it or quit the study at any time. If you feel stressed or upset, we recommend getting help from a professional. [You can also contact the researcher for information on where to find support. OR The researcher will provide a list of local/national resources for professional help at the end of the study.]

OR

There are no risks in this study that are greater than what you experience in daily life.

*If in person procedures are being used the following should be included:*

### What About COVID-19 Safety?

If this study involves meeting in person, we will take steps to reduce the risk of spreading COVID-19:

* People with COVID-19 symptoms will not take part.
* We will try to stay at least 6 feet apart.
* Masks and hand sanitizer will be available if needed.
* We will clean surfaces and equipment between participants.

**Will You get Paid?**

*If participants will be paid or have a chance in a drawing, include that information here. Explain when they will be paid or the drawing will happen and what the rules are. For example, if someone quits the study early, they might not get the full amount. If using a Drawing: Explain how likely they are to win (for example, 1 out of 50 people). If using Extra Credit/SONA: Say how many points they will get or what percentage of their grade that is. Also, include what other assignment they can do instead, if they don’t want to be in the study. Note: Each SONA area has its own rules, so check with yours to make sure you are following all the guidelines.*

*If participant is not getting paid:*

*[“You will not be paid for participating.”]*

*If compensation is provided, outline the type of compensation.*

You will be paid for taking part in the study. *[Explain compensation, if any, e.g., “You will receive a $10 {brand type} gift card for participating”. “You will get the compensation right after completion OR at the end of the study”]*

*If there is a drawing:*

You will be entered into a drawing for [*describe prize].* The chance of winning is [*state odds, e.g., “1 in 20”].*

*If extra credit is being provided:*

You will earn [*specify amount]* points of extra credit for participating. If you don’t want to participate, you can do [*alternative assignment*] for the same credit. [*If there is a range that is provided for extra credit, please be sure to clarify that information here.]*

*If SONA credit is provided:*

You will earn [*specify amount]* SONA credits for participating in this study. Your credit will be provided immediately, or your credit will be provided *[list time frame] (revise as applicable).*

*Insert if study involves online surveys for preventing fraudulent responses/bots:*

If the research team finds out that a participant lied about who they are or gave false information to join the study, the team can remove them from the study. In that case, the participant may not receive any payment.

*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].*

*Include if using mTurk:*

MTurk doesn’t allow for partial payment. If you don’t complete the Human Intelligence Task (HIT), you should contact the research team. They will decide if you can still be paid based on how much you finished.

**Please Note:** This study includes checks to make sure people are doing the tasks honestly and completely. If you read the directions and do the tasks, your HIT will be approved. If you don’t pass these checks, your HIT may be rejected.

**How Will Your Information Be Kept Private?**

*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.* *Choose the sentences that match your study and delete the rest. You should also remove these instructions before turning in the form. These examples might not fit every study, so feel free to change the wording to fit your project.*

*Anonymous: The Researcher Does Not Know Who Participated in the Study:*

The information you share in this study will be anonymous. This means your name will not be collected or connected to your answers. Once you finish the study, we will not be able to remove your data because it will not be linked to you.

*Anonymous Results, but the Researcher Knows Who Participates in the study:*

The information you share will stay anonymous, meaning your name will not be collected or connected to your answers. Only the researchers will know that you took part in the study. Once you finish, we will not be able to remove your data because it will not be linked to your name.

*Coded Data Connected with Participant Information or false names used:*

The information you share will be kept private. We will assign a code or fake name to your information. Your name will not appear in any reports. *If applicable-* A list connecting your real name to the code will be stored in a safe place and stored separately from all other study data. After the study is done and the data is analyzed, we will destroy the list. This list is to be destroyed by *[list timeframe here. Ensure that this information matches what is listed in the IRB Application].*

*When Researchers cannot guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview, ethnographic research, oral history projects).*

Sometimes, we may not be able to keep your information completely private. For example, in interviews, focus groups, or other situations, others may know what you shared. The Researcher(s) will do everything possible to keep your information private, but we cannot promise total confidentiality. Your name will not be used in any publications or reports. However, if your story or situation is unique, it may be possible for someone to recognize it.

*If your research is in a group setting*

If you take part in a group activity, we will ask everyone to keep what is shared private. But we cannot guarantee they will do so.

*If your study involves online interactions (Qualtrics, Prolific, Zoom, mobile app, etc), include the following:*

The research team will do its best to keep your information private, using the technology available. However, because you are answering online, there is a small chance that someone who is not supposed could see your answers. This risk is similar to what you might face when using the internet in daily life. If you have concerns, you can check the privacy policy of the online provider here*: [insert link to online privacy policy].*

*Include if using mTurk:*

We will use your MTurk Worker ID to pay you for doing the study. However, your ID will **not** be saved with the other data we collect from you.

Please note: Your MTurk ID might be linked to your Amazon public profile, depending on your privacy settings. We will **not** look at or collect any personal information from your Amazon profile.

**How Your Information Will Be Collected and Stored?**

We will collect your information using *[examples: interviews, surveys, or audio/video recordings].* Your information will be stored in *[examples: a locked drawer, an encrypted flash drive, or a secure online system].*

If your information includes personal details, we will separate and destroy those details after the study is done. This will happen by *[state timeframe, e.g., "within six months"].*

*If the study includes recordings:*
Audio or video recordings will be transcribed (written down). Once this is done and checked, the recordings will be deleted. This will take about *[state timeframe, e.g., "two months"].*

**Contacts and Questions**

This study has been checked and approved by the **Institutional Review Board (IRB)** at Oklahoma State University. The IRB makes sure that research with people is done safely and fairly. If you have questions about the research study itself, please contact the Principal Investigator at *[Phone number],* *[E-mail address].* *If the PI is a student, please also include faculty advisor’s contact information.* If you have questions about your rights as a research volunteer or would simply like to speak with someone not on 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 private.

*Add as applicable:* A copy of this consent form will be available to you for your records.

**Statement of Consent**

I have read this form and understand what the study is about. I have had the chance to ask questions. By signing this, I agree to take part in the study.

*Add and remove the following statements as applicable to your study:*

Indicate Yes or No:

I agree to be audiotaped during this study.

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

I am at least 18 years of age:

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

I agree to be videotaped during this study:

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

I agree to let my identity be shared in any written materials from this study:

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

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

\_\_Yes \_\_\_No

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

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

*Use the following for Written Informed Consent:*

Participant 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 join the study, please *[explain what they should do, e.g., “click ‘I agree’ to continue” or “complete the attached survey”]*.**

*OR*

*If you are collecting Oral/Verbal Consent, use the following:*

Participant ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Verbal Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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