



INSTITUTIONAL REVIEW BOARD

Research Participant Consent Form

Study Title |

Principal Investigator |

Email |

Phone Number |

Affiliated Institution/Department |

Secondary Investigator (if applicable) |

Purpose of the Study | *What is the research project's purpose?*

Procedures | *What does participation involve, including the study's procedures and duration?*

Risks & Discomforts | *Are there any potential risks or discomforts participants may encounter during the research project?*

Benefits | *Are there any potential benefits to the participant or contributions to knowledge or society?*

Confidentiality | *How will participant information be kept confidential, where data will be stored, and who will have access to it?*



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Compensation | *Will participants receive any compensation or reimbursement for their participation?*

Contact Information | *How do participants contact the investigators?*

Participant Rights

- *Participation is voluntary.*
- *Participants have the right to refuse to participate.*
- *Participants can withdraw from the research project at any time without consequence.*

Consent Statement

- *I have read and understood the above information. I have had the chance to ask any questions and have received satisfactory answers. I consent voluntarily to participate in this research project.*
- *If audio/video recording is involved, I give my consent to be recorded as part of this research project.*

Follow-Up Preference | *Indicate your preference.*

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Participant Signature

Printed Name

Date

Printed Name of Person Obtaining Consent

Date

Primary Investigator Signature

Note | Each participant should receive a signed copy of the consent form, and the primary investigator should retain one for records.