This template is for

UNIVERSITY OF SOUTH ALABAMA
CONSENT FORM FOR RESEARCH

Title of Study: [Insert title of the research study]

Principal Investigator: [Insert PI name]

Advisor: [Student studies ONLY ±Include faculty advisor name and department]

Key Information

45 CFR 46.116 General Requirements for Informed Consent:

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to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not want to participate in the research. This part of the informed consent must be organized and presented in a way that facilitates comprehension. ´

Key Information is **NOT** required for:

- x Exempt studies
- x Consent documents that are **less than four (4) pages**
- **x** FDA regulated studies

Purpose

State that you are inviting the individual to participate in the research being conducted. Explain **in lay terms**

indicators, determinants, equitable, etc. There are guides on the internet to help you find substitutes for words which are overly scientific or are professional jargon.

(Example: You are invited to participate in this research study. This study is being done in order to note how [illegible] *situations. This information can help create tools that people can use to increase their memory.)*

How Participants Will Be Selected

Explain how participants will be selected for this research study. Include the basis of selection for the study and the basis for exclusion from the study, if any.

(Example: You are being invited to participate in this study because you are a psychology student at USA and are 18 years of age or older.)

Procedures

Briefly describe all procedures participants will perform, and their locations. Identify any pro aes (Ex

(Example: This study is anonymous. No identifying information is being collected as part of the research study. The data is stored in a locked file cabinet in a locked room. Only the researchers have access to this information. Data will be stored for approximately 10 years.

OR

You will be asked to provide your name and email address during this study. Your information will be kept confidential by all identifying information being replaced with a number. Data collected during this study will be stored securely on a password protected computer in a locked room. Only the PI of the study will have access to the data. Data will be stored for 7 years.)

Payment

Describe any payment or incentives for participating in the research study that will be offered to <u>all</u> participants. This may be as compensation for time and effort oss >>BDC (6P <<5t)-1 </Mantial s
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If your research falls under HIPAA regulations, please insert your completed HIPAA Template within this section. The required USA HIPAA language/template can be located in IRBNet Forms and Templates.

NOTE: If your research project does not fall under the HIPAA regulations/a USA Covered Entity please disregard this section.

Contacts and Questions

Include PI contact information as well as IRB office contact information.

(Example: For more information about this research please contact [insert PI name and contact information]. *For questions about your rights as a research participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the University of South Alabama Institutional Review Board office at 251-460-6308, toll-free at 866-511-6509, or via email at irb@southalabama.edu.)*

Agreement to Participate

This section should have a statement similar to the one below. If the participant is illiterate but gives oral consent, a witness must sign. A researcher or the person going over the informed consent must sign each consent. This section should avoid statements that have "You understand" or "You agree" as perhaps be better tested through targeted questions during the reading of consent.

(Example: You have read, or have had read to you, the purpose and procedures of this research. You have had an opportunity to ask questions which have been answered to your satisfaction. You voluntarily agree to participate in this research as described.)

_____

Participant Name (printed) Date

_____

Signature of Participant Date

_____

Signature of Person Obtaining Informed Consent Date