INFORMED CONSENT FORM

CONSENT TO PARTICIPATE

VOLUNTARILY IN A RESEARCH INVESTIGATION

PLYMOUTH STATE UNIVERSITY

**Instructions: Replace red type with appropriate information and remove sections/information not relevant to the study.**

**INVESTIGATOR(S) NAME: (Insert name and credentials of the Principle Investigator.)**

**STUDY TITLE:** **(Insert study title.)**

**PURPOSE OF THE STUDY**

The purpose of this research study is to **(Describe the purpose of the study in one or two sentences in lay terms.)**.

You are being asked to be a participant in the study because **(In lay terms, clearly describe why the participant is asked to be in the study.)**.

**DESCRIPTION OF THE STUDY**

**(Describe the study in language that is easily understandable. In this section, clearly describe what will be expected of the participant. DO NOT CUT AND PASTE TEXT FROM THE PROTOCOL DESCRIBED IN THE APPLICATION.)**

The amount of time required to participate in the study is **(Indicate the amount of time that participation in the study will require. Describe any anticipated costs associated with being in study such as travel to be a participant in the study. If there are no known costs, clearly indicate.)**.

**RISKS AND DISCOMFORTS**

As a participant in this study, you may experience **(Describe any risks or anticipated discomforts. If there is no risk, clearly indicate.)**.

**BENEFITS**

There may be no direct benefits of participating in this study; however, the knowledge received may be of value to **(Indicate any benefits for the participants and the larger society.)**.

**OR**

**(If there is a benefit to participating in the study, please describe.)**

**ALTERNATIVE PROCEDURES**

**(Indicate any alternatives to participation in the study. If the study does not involve an intervention, the alternative would be to not participate.)**

**CONFIDENTIALITY**

All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. The data generated by the study may be reviewed by Plymouth State University's Institutional Review Board, which is the committee responsible for ensuring your welfare and rights as a research participant, to assure proper conduct of the study and compliance with university regulations. If any presentations or publication result from this research, you will not be identified by name. As per federal guidelines, the information collected during your participation in this study will be kept for a minimum of three years.

I plan to maintain the confidentiality of all data and records associated with your participation in this research. **(If your study involves individually identifiable information, include the following sentence and bullets.)** There are, however, rare instances when I may be required to share individually identifiable information with the following:

* Officials at Plymouth State University (PSU),
* Regulatory and oversight government agencies, or
* The sponsor(s). **(Include this last bullet only if your study is being sponsored by an external entity.)**

**(If your study may lead to disclosure of information covered by New Hampshire mandatory reporting laws, such as suspected child abuse or neglect, or hazing, or Federal laws relating to sexual harassment and violence include the following sentence and applicable bulleted language.)**

I also may be required by law to report certain information:

* To government and/or law enforcement officials (for example, child abuse, threatened violence against self or others, or hazing). If I believe that such a report is required, I will follow the guidance of the PSU Institutional Review Board for the Protection of Human Subjects in Research (and of the University’s General Counsel) in making any such report, in order to provide as much protection for your privacy as possible while still complying with the law.
* To appropriate PSU authorities (e.g., disclosures involving Sexual Violence - which includes sexual harassment, sexual assault, unwanted sexual contact, sexual misconduct, domestic violence, relationship abuse, stalking [including cyber-stalking] and dating violence - must be reported to the PSU Title IX Coordinator or PSU Police).

**(If your study involves transmitting data via email or the web [e.g., web-based survey], include the following sentence.)** Further, any communication via the internet poses minimal risk of a breach of confidentiality. **(If your study involves focus groups, include the following sentence.)**While I plan to maintain confidentiality of your responses, other focus group participants may repeat responses outside the focus group setting.

To help protect the confidentiality of your information, **(Address the following: (1) explain procedures in place to protect confidentiality of study data; (2) identify everyone named in the application with access to the data; (3) explain whether identifiable information may be shared with a third-party data processor (e.g., transcription service); (4) [select as appropriate] explain if data, once de-identified, may be used for future studies or may be shared with other researchers OR if data, even if de-identified, will not be used for future studies; (5) if audio and/or videorecording, explain how and where recordings will be stored, and what will happen to them during and after the study [e.g., transcribed and then destroyed].)**.I will report the data**(Explain how data will be reported [e.g., in aggregate, using pseudonyms].)**.The results may be used in reports, presentations, and publications**(Modify this sentence to reflect how the results may be used.)**.

**TERMINATION OF PARTICIPATION**

You may choose to withdraw from this study at any time and for any reason. If you choose to drop out of the study, you may contact the investigator and your research records will be destroyed. **(If this is an anonymous survey, explain that research records cannot be destroyed following submission of the survey. If indicated by exclusion criteria, describe any reasons the principle investigator may terminate the participation of the subject.)**

**COMPENSATION**

You will not receive payment for being in this study. Participation in this study is strictly voluntary. There will be no cost to you for participating in this research.

**OR**

You will receive the following compensation for being in this study **(Clearly describe the compensation and requirements to receive compensation.)**. There will be no cost to you for participating in this research.

**INJURY COMPENSATION**

Neither Plymouth State University nor any government or other agency funding this research project will provide special services, free care, or compensation for any injuries resulting from this research. The treatment for such injuries will be at your expense and/or paid through your medical plan.

**QUESTIONS**

If you have further questions about this study, you may contact **(Insert name of the Principle Investigator and faculty supervisor if a student.)**, at **(Provide a phone and/or email contact.)**. If you have any questions about the rights of research participants, you may call the Chairperson of the Plymouth State University’s Institutional Review Board at 603-535-2915 (Valid until July 1, 2024).

**VOLUNTARY PARTICIPATION**

You understand that your participation in this study is entirely voluntary, and that refusal to participate will involve no penalty or loss of benefits. You are free to withdraw or refuse consent, or to discontinue your participation in this study at any time without penalty or consequence.

You voluntarily give your consent **(to participate/for my child to participate)** in this research study. You will be given a copy of this consent form.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Participant ’s Signature Date

I, the undersigned, certify that to the best of my knowledge, the subject signing this consent form has had the study fully and carefully explained by me and have been given an opportunity to ask any questions regarding the nature, risks, and benefits of participation in this research study.

**(Print Principle Investigator's name)**

Investigator’s Name (Print)

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Investigator’s Signature Date

Plymouth State University’s IRB has approved the solicitation of participants for the study until

**(Leave blank, a date will be assigned.)**.