a decision about participating in research.

Consent documents should be written in plain language, generally at the 8th grade reading level. The reading level can be higher if the target population tends to have a higher literacy rate than the general population.

We recommend the use of this template to create the informed consent document(s) for your study.

[Title of the project.]

[Give the name of the principal investigator (PI), credentials, and institutional affiliation. Give the name of any co-investigators, credentials, and institutional affiliation. If you are a student PI, give the name of your faculty advisor, credentials, and institutional affiliation. State the name of the study sponsor, if any.]

You are invited to participate in a research study. In order to participate, you must be [include eligibility criteria: e.g., age, gender, language, etc.] Your consent is being sought for participation in this research study. Your participation in this study is voluntary.

You might face some risks from being in this study. They are [All research carries some degree of risk, however minimal (such as loss of time, mental fatigue, boredom, etc.). Describe specific risks, and indicate what the study team will do to minimize those risks.].

Primary risks include physical, psychological, or informational risks. For informational risks (e.g., those involving breach of confidentiality), describe what you will do to protect the data during collection, while stored or during transmission of the data. Psychological risks (e.g., those associated with the completion of a particularly sensitive survey or interview) could be mitigated by providing subjects with contact information for counseling resources. If you are conducting

Yes_____ No _____

I agree that my information may be shared with other researchers for future research studies that may be similar to this study or may be completely different. The information shared with other researchers will not include any information that can directly identify me. Researchers will not contact me for additional permission to use this information. [Note: This separate consent is not necessary if you will only store and share deidentified data.]

_____

Signature Date

this study. [Dscribe how compensation will be determined (prorated) if the subject withdraws

If compensation is more than $100 in a calendar year, include the following text:

“Because this study pays more than $100, Concordia Univrsity will coct your name, address, social security number, and payment amount. This information will be safely stored and used for

$600 in a calendar year (January through December). If you receive more than $600 in payments

If you have any questions or concerns about your mental well-being as a result of participation in this study, please contact David Enters at Concordia University Wisconsin Counseling Center at 262-243-4211, dave.enters@cuw.edu; or Aysha Abiade at Concordia University Ann Arbor Counseling and Psychological Services at 734-995-7316, aysha.abiade@cuaa.edu.

The information about the proposed research study and consent has been explained to you by:

_____	_____	_____
_____	_____	_____
Name of Principal Investigator (print)	Signature of Principal Investigator	Date

When you sign this form, you agree that you understand the above description of this research. You also agree that your questions have been answered, and that you want to take part in this research study. I have received a copy of this form to keep for my records.

_____	_____	_____
Name of Participant (print)	Signature of Participant	Date

You may also need to obtain dated consent for specific activities when those activities are optional Whether an activity is required or optional must be clearly described in the main body of the consent above. Insert these words in the section of the consent form that describes what the subject will be expected to do. A common optional research activity is included below: