**Lipscomb University IRB Consent Template**

Researchers, please use this document as guidance when creating consent forms for your research. The black text should remain in place. You may modify the red text to fit the needs of your proposal. See the completed example consent form later in this document.

**INFORMATION AND CONSENT FORM**

**Introduction:**

You are invited to be in a research study (state what is being studied). Principal Investigator’s Name, a graduate student in the College Name at Lipscomb University under the supervision of Advisor’s Name, a faculty member in the Department/ College Name will lead this study. We asked you to be in this study because (state how and why the subject was selected). Please read this form and ask questions before you agree to be in the study.

**Background Information:**

The purpose of this study is to (state what the study is designed to observe, measure, discover, or establish). We expect about XX people to participate in this research.

**Procedures:**

If you decide to participate, we will ask you to… (Using bullets, in a step-by-step fashion, describe all steps and procedures you will follow, including their purposes, how long each step will take, and any repetitions.). This study will take about (Indicate the length of time the subjects will be participating in the study. If the study has multiple parts, indicate the expected time of each interval).

**Risks and Benefits:**

The study has several risks (instead of “several,” use the word “minimal” if that is the case for your study. NOTE: All studies have some level of risk. You CANNOT say that the study has NO risks, nor can you say that the study has “no known risks.” Describe studies of the lowest risk level as having a “minimal level of risk”). First, describe the most significant risk here. Second, describe any secondary risk here…(You must describe all risks. Indicate the likelihood of the risk with words such as “highly likely,” “likely,” “very unlikely” etc. Describe discomforts and any inconveniences the subjects may reasonably expect. If you tell the subjects of significant physical or psychological risks to participation, you must also say under what conditions the researcher will terminate the study and you should refer participants to an appropriate health care provider if this is the case.)

The benefits to participation are (Describe any benefits. If there are no direct benefits to the subjects, state "There are no direct benefits to you for participating in this research." If applicable, describe appropriate alternative procedures that might be to the subject's advantage, if any. You must disclose any standard treatment that is being withheld. This wording typically is needed only for medical studies.)

**Compensation:**

If you are a part of this study, you will receive (Include payment or reimbursement information here. Explain when disbursement will occur and conditions of payment. Delete this section if it is not applicable).

(If this study involves a physically invasive procedure or an exercise component which may have even a slight risk of injury, you must include the following statement in the consent form. Omit this section if the study does not involve physical risk) In the event that this research activity results in an injury, we/I will help you by (give an example of a potential problem/injury and describe how you will assist them). Any costs for research-related injuries should be paid by you or your insurance company. If you think you have suffered a research-related injury, please let me/us know right away.

**Confidentiality:**

We will get your permission before sharing any information gained in connection with this research study that can be identified with you. We will keep your results confidential. If we present or publish information from this study, we will not use your personal information. Only group data will be presented. (If applicable, include ways in which you will maintain confidentiality, e.g. “No one in the daycare center will know your child’s results,” If you release information to anyone for any reason, you must state the persons or agencies to whom you will give the information, the nature of the information, and the purpose of the disclosure.)

We/I will keep the research results secure. Only I (or other researcher named in this form) and our/my advisor will have access to the records while we/I work on this project. We/I will finish analyzing the data by (specify the ending date of your research). We will delete your personal information that could be used to identify you from the research data collected for the study. (If you make photographs, audio or video recordings, explain who will have access to them, if you will present them for educational purposes, and when you will erase or destroy them. All multimedia data collected **requires** the Lipscomb multimedia release form available at the end of this form.

**Voluntary Participation:**

Participation in this research study is voluntary. You are free to stop participating at any time. (Explain here if monetary benefits will be adjusted if the subject withdraws early). Your decision whether or not to participate will not affect your current or future relations with (the name of any other cooperating institution or) Lipscomb University in any way.

**New Information:**

If during the research study we/I learn any information that might make you change your mind participating in the study, we/I will tell you. (This section is optional. Consult your advisor to decide if it applies to your study).

**Contacts and Questions:**

If you have any questions, please feel free to contact me, Principal Investigator Name, (or one of the researchers) at xxx-xxx-xxxx or xxxxx@lipscomb.edu (include a phone number and email address for each researcher). You may ask questions now or later and my faculty advisor, Faculty Advisor Name (phone number & email address), will be happy to answer them. If you have other questions or concerns about the study and would like to talk to someone other than the researcher(s), you may also contact Dr. Megan Parker Peters. Chair of the Lipscomb University Institutional Review Board at mparkerpeters[@lipscomb.edu](mailto:roger.wiemers@lipscomb.edu). (Be sure that you have a current copy of this template and that this contact information is up to date.)

You may keep a copy of this form for your records.

**Statement of Consent:**

You are choosing whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, you may choose to stop participating in the study at any time.

I agree to participate in the study. (If you are photographing, video- or audio-taping/recording your subjects, include a statement such as "and I agree to be videotaped” and have participants sign the multimedia release form available below)

For electronic informed consent forms, in lieu of a signature, require participants to acknowledge reading and understanding the parameters of informed consent. This can be done with an electronic signature, checkbox, or similar method of documentation.

|  |  |  |
| --- | --- | --- |
| Signature of Participant |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Parent, Legal Guardian, or Witness |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Researcher |  | Date |

***\*\*\*OPTIONAL: If you are also using multimedia in your research (e.g., recordings, video, photos), you must also include the following. If you are not, you may delete this portion of the form.\*\*\****

In consideration of my participation in the research study mentioned above, I grant Lipscomb University (“Lipscomb”) and those authorized by it a non-exclusive, perpetual, worldwide, irrevocable license to record, use, reproduce, exhibit, and distribute my presentation, likeness, voice, name, and/or identity in any medium, including video, audio, photographs, digital formats, or the Internet (collectively referred to as “Recordings”). The school can use these Recordings for the following purposes (please check and initial all that apply):

* The Recordings can be studied by the research team for the research project.
* The Recordings can be used for scientific publications.
* The Recordings can be used for scientific conferences or meetings.
* The Recordings can be used for educational purposes.
* The Recordings can be presented to non-scientific groups.
* The Recordings can be aired on television, or the audio portion can be used on radio.
* The Recordings can be posted on Lipscomb’s website.
* The Recordings can be used for reports or presentations to research funding agencies.

I agree to defend, hold harmless, and release Lipscomb and its trustees, officers, agents, representatives, and employees from any liability, claims, or damages related to the use of my name, likeness, identity, voice, photographic image, and the Recordings. I also agree that the school will own all rights, including copyright, in the Recordings. My name will not be used in any publications without my consent.

I have read and understood this Consent and Release. I confirm that I am at least 18 years old and am signing this of my own free will.

Signature or electronic signature: Date:

If the participant is under the age of 18, the undersigned parent or guardian of the participant agrees to the terms of this Consent and Release on behalf of the above-named participant:

Parent/Guardian Signature: Date:

**EXAMPLE Consent Form**

**Information and Consent Form**

**Introduction:**

You are invited to be in a research study about health care communication. Neely Jackson, a graduate student in the College of Pharmacy at Lipscomb University, will lead this study. Ellie Donald, a faculty member in the College of Pharmacy, is my supervisor. We asked you to be in this study because you have recently visited the School Health Center. Please read this form and ask questions before you agree to be in the study.

**Background Information:**

The purpose of this study is to learn about preferences and modalities of health care communication. We expect about 50 people to participate in this research.

**Procedures:**

If you decide to be in the study, you will be asked to

· Take a short survey about communication preferences and modalities (10-15 minutes)

· Answer questions in a small group about preferences and modalities of health care communication (15 minutes).

**Risks and Benefits:**

We think that this study will have minimal risks. It will take some time to complete the survey and small group, which are inconvenient. There are no direct benefits from being a part of this study.

**Confidentiality:**

If we gain information that can be linked to you, we will get your permission before we make it known. We will keep your results secure. If we publish or present information from this study, we will not use your personal information. We will only present group data. No one at the School Health Center will know your responses.

We will keep the research results secure. Only I and my advisor will have access to the records while we work on this project. We will finish analyzing the data by May 2024.We will delete your personal information that could be used to identify you.

**Voluntary Participation:**

You do not have to be in this study. You are free to leave the study at any time. Your choice not to participate will not affect your current or future relations with the School Health Center or Lipscomb University in any way.

**Contacts and Questions:**

If you have any questions, please feel free to contact me, Neely Jackson, at 615-9XX-50XX or neelyjackson@lipscomb.edu. You may ask questions now or later. My faculty advisor, Ellie Donald (615-9XX-50XX or EllieDonald@lipscomb.edu), will be happy to answer them. If you have other questions or concerns about the study and would like to talk to someone other than the researcher(s), you may also contact Dr. Megan Parker Peters. Chair of the Lipscomb University Institutional Review Board at mparkerpeters@lipscomb.edu.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are choosing whether or not to join the study. Your signature means that you have read this information and your questions have been answered. Even after signing this form, you may choose to leave the study at any time.

I agree to join in the study.

|  |  |  |
| --- | --- | --- |
| Signature of Participant |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Parent, Legal Guardian, or Witness |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Researcher |  | Date |