

**INFORMED CONSENT**

1. **Background and Purpose of the Study**

Provide a brief overview of your research and state the research purpose.

Enter your response here

1. **Description of the Research**

Describe what participation in the study entails.

Enter your response here

1. **Subject Participation and Time/ What is expected of you in this study?**

Provide an overview of the time commitment involved in participating in this study.

Enter your response here

1. **Potential Risks and Discomforts**

Describe all the foreseeable risks that subjects may encounter through their participation. If there are no foreseeable risks, write, “There are no foreseeable risks or discomforts associated with this project beyond those encountered in daily life.”

Enter your response here

1. **Potential Benefits**

Explain any benefits that subjects may expect from their participation or any benefits that others may obtain due to their involvement. This may include benefits for society from learning more about the research topic. Note that compensation is not considered a benefit.

Enter your response here

1. **Anonymity and Confidentiality**

Describe how researcher(s) will ensure the anonymity and confidentiality of participants.

Enter your response here

1. **Compensation**

Some research studies offer participants a reward for their time and participation. This reward could be money, a gift card, or a small gift. **Explain i**f the subjects will be compensated for their participation, including the amount and when and where the compensation can be redeemed and used. If subjects will not be compensated, write, “There is no compensation for participation in this study.”

Enter your response here

1. **Voluntary Participation and withdraw**

Explain that participation in the study is entirely voluntary. They have the complete freedom to choose whether to participate, and they can withdraw from the study at any time without penalty.

(If appropriate to your study, indicate that if they choose to withdraw, you will inform them about how their data will be handled. In most cases, any data collected from them prior to their withdrawal will be included in the final analysis.)

Enter your response here

1. **Cost/Reimbursements**

Describe any costs that participants may incur because of their involvement in the study. Be transparent about all potential expenses, including parking fees and transportation cost. If there are no costs associated with participation, write, “There are no costs associated with participation in this study.”

Enter your response here

**IRB Approval Statement**

This study has been reviewed and approved by the Institutional Review Board of D’Youville University with the approval number <Enter your approval number here>. (Insert your approval number once your protocol is approved.) If you have any concerns or complaints regarding the way this research has been conducted, contact the IRB Director via irbhelp@dyc.edu. If you need any Counselling support while participating in the project, contact the DYU Wellness Lodge at schultzp@dyc.edu.

**Signature Block for Participant’s Consent**

**I voluntarily agree to participate in this research program.** **[ ]  Yes** **[ ]  No**

**I understand that I will be given a copy of this signed Consent Form. [ ]  Yes [ ]  No**

**Name of participant:**

|  |
| --- |
|  |

**Signature of participant (in box above)**

**Date signed:** Click select a date.

**Name of Person Obtaining Consent:**