***This template must be used for obtaining written informed consent from adult subjects. NOTE: depending on the nature of your research, additional language (for example, a statement about mandatory reporting or FERPA statement) may be required. Consult the IRB for additional required language.***

**Governors State University**

**[Insert College here]**

**[Insert Division/Department here]**

**Title of Research Study:** [insert title of research study here]

**Principal Investigator:** [insert name of principal investigator/faculty sponsor]

**Key Information:**

The following is a short summary of this study to help you decide whether to participate or not. More detailed information is listed later on in this consent form. [For the section below, include them in a bulleted format].

* I am inviting you to participate in a research study about [insert brief purpose of the study].
* Participation in this study is voluntary and you can choose not to participate or withdraw at any time without penalty.
* I am asking you to [insert brief statement of the procedures including everything that participants will be asked to do].
* I expect that your participation in this study will take [insert expected duration of the study, and if applicable, the number of times the participant will be asked to participate].
* The risks of participating are [briefly summarize nature of risks or say that risks are no greater than those experienced in daily life].
* The benefits of the study include [describe benefits. NOTE: Most social behavioral studies do not benefit participants directly. You may say: Participation in the study will not benefit you directly, but it may help the researchers better understand [purpose of the study].
* As a token of appreciation, we are offering participants [include information about compensation. For a lottery or raffle, state the odds of winning a prize and how it will be delivered to participants].

**Why am I being asked to participate in this research study?**

I am asking you to participate in this research study because [fill in the reason/eligibility for recruiting these participants].

**What should I know about participating in a research study?**

* Whether or not you participate is up to you. You can choose not to participate.
* You can agree to participate and then later change your mind.
* Your decision will not be held against you or result in penalty.
* You can ask all of the questions that you want before you decide.

**What happens if I agree to participate in the research study?**

[Tell the participant what to expect using lay language and simple terms. Whenever appropriate include the following items]:

* A description of the research activities and procedures, including when and where the research will be done
* How often study activities and procedures will be performed
* What is being performed as part of the research study and what is being performed as part of standard or customary practice (i.e., if the study takes place in the classroom describe what is the customary educational activity and what is part of the research. If the study involves any type of clinical care (e.g. mental health care), describe what is standard care and what is part of the research
* Describe if you are audio or video recording any research activities. Include if agreement to be recorded is required for participation or if it is optional.

## Will being in this study help me in any way?

[Include if there are direct benefits to participation. For example, subjects may benefit from a study that includes a therapeutic or behavioral intervention. Otherwise, delete.]

## Is there any way being in this study could be bad for me?

[Include if there are risks. Otherwise, delete]

[Describe each of the following risks, if appropriate. If known, describe the probability and magnitude of the risk, and how it will be minimized.]

* Physical risks
* Psychological/emotional risks
* Privacy risks
* Legal risks
* Social risks
* Economic risks
* Group or community harms

## What happens if I do not want to be in this research?

Participation in research is voluntary. You can decide to participate or not to participate.

[Include if there are alternatives other than participating. Otherwise, delete.]Instead of being in this research study, your choices may include**:** [List alternatives procedures/options. For example, for student participant pools, describe alternatives for course credit.]

## What happens if I say “Yes”, but I change my mind later?

You can leave the research study at any time and it will not be held against you.

[Describe what will happen to data collected to the point of withdrawal. You may say: If you decide to leave the study, your information will not be used.]

## What happens to the information collected for the research?

[Describe how data will be protected. Specifically, address the confidentiality of data: will the data be anonymous or confidential (coded), what information will be kept, where, for how long, and who will have access to it]

**Data Sharing**

[If you plan to share the de-identified data from the study with other investigators]: De-identified data from the study could be used for future research studies or shared with other investigators without your additional informed consent.

[If you do not plan to share the data]: Data from this study will not be used for future research studies or shared with other investigators, even if all of your identifiers are removed.

## What else do I need to know?

[Include for research where this is a possibility. Otherwise, delete.] We will tell you about any new information that may affect your health, welfare, or choice to stay in the research.

## Who can I talk to?

If you have questions, concerns, or complaints talk to the Principal Investigator [Name and contact phone or email] and [You can list another investigator such as a student if appropriate].

This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may contact the IRB at [irb@govst.edu](mailto:irb@govst.edu) if you have questions or concerns regarding your rights as a research participant. You may also contact the Director of Sponsored Programs and Research at 708-235-2846.

Signature for Adult 18 or older

Signing here mean that you are agreeing (consenting) to participate in this research and that you are giving the researchers permission to use the information that they collect from your participation.

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Signature of participant Date

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Printed name of participant

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Signature of person obtaining consent Date

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

Printed name of person obtaining consent

**Optional Elements**

[Include for any optional elements of the research. Otherwise delete.] The following research activities are optional, meaning that you do not have to agree to them in order to participate in the research study. Please indicate your willingness to participate in these optional activities by placing your initials next to each activity.

|  |  |  |
| --- | --- | --- |
| I agree | I disagree |  |
| \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | The researcher may [audio or video] record me to aid with data analysis. The researcher will not share these recordings with anyone outside of the immediate study team. (Specify which or both will occur. If recording is a requirement of participation, delete this element.) |
| \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | The researcher may [Specify which or both will occur: audio or video] record me for use in scholarly presentations or publications when showing my face or hearing my voice might serve to help other professionals understand the research. I may be identifiable as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification. |
| \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | The researcher may contact me in the future to see whether I am interested in participating in other research studies by the principal investigator of this study. |