

# Informed Consent

Project Title:

Investigator: Your name ; Eastern Michigan University

Co-Investigator: Advisor/mentor's name and title

**Purpose of the Study:** The purpose of this research study is to gain a better understanding of the relationships between ... (explain your study).

**Procedure:** A research assistant will explain the study to you, answer any questions you may have, and witness your signature to this consent form. You must be at least <insert inclusion criterion> to take part in this study.

You will be asked to complete questionnaires about your demographic information, (Explain what you'll be asking them about...)

Upon completing the questionnaires, you will be given a duplicate copy of this informed consent, which includes follow-up contact information, if needed. The approximate total time to complete the questionnaires should be about \_\_\_ minutes.

**Confidentiality:** Only a code number will identify your questionnaire responses. The results will be stored separately from the consent form, which includes your name and any other identifying information. At no time will your name be associated with your responses to the questionnaires.

All information will be kept in locked file cabinets of the study investigator.

**Expected Risks:** There are no foreseeable risks to you by completing this survey, as all results will be kept completely confidential. .

**Expected Benefits:** <insert any anticipated benefits>

**Voluntary Participation:** Participation in this study is voluntary. You may choose not to participate. If you do decide to participate, you can change your mind at any time and withdraw from the study without negative consequences.

**Use of Research Results:** Results will be presented in aggregate form only. No names or individually identifying information will be revealed. Results may be presented at research meetings and conferences, in scientific publications, and as part of a master's thesis being conducted by the principal investigator.

**Future Questions:** If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, \_\_\_\_\_, at (phone number ) or via e-mail (insert your email)

This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from \_\_\_\_\_ to \_\_\_\_\_ (date). If you have questions about the approval process, please contact Dr. Deb de Laski-Smith (734.487.0042, Interim Deam of the Graduate School and Administrative Co-Chair of UHSCR, <mailto:human.subjects@emich.edu>).

**Consent to Participate:** I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.

PRINT NAME: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Participant (your signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator or Specified Designee

\_\_\_\_\_  
Date