

Informed Consent to Participate in Research

Study Title: [Enter title here.]

Researcher: [Enter name(s) here.]

INFORMATION TO CONSIDER BEFORE TAKING PART IN THIS RESEARCH STUDY

The information below will explain, in brief, the study. If you have any questions about the study or this form, please ask one of the contacts identified below.

PURPOSE OF STUDY

[Enter description here.]

STUDY PROCEDURES

[Enter description here.]

BENEFITS AND RISKS

Benefits

[Enter description here.]

Risks

[Enter description here. Note that it is not acceptable to indicate there is no risk.]

COMPENSATION OR INCENTIVES

[Enter description of compensation or incentives here. If none, use the following statement: Students agreeing to participate in this study will receive no additional compensation or incentive outside of the benefits identified above.]

PRIVACY AND CONFIDENTIALITY

[Enter description here.]

VOLUNTARY PARTICIPATION/WITHDRAWAL

[Enter description here.]

CONTACTS IF YOU HAVE QUESTIONS, CONCERNS, OR COMPLAINTS

This research study has been reviewed by an Institutional Review Board (IRB) at [list institutions where IRB has reviewed and approved the study.]

If you have any questions, concerns, or complaints about this study, or experience an unanticipated problem as a result of your participation, contact:

[Enter contact information for principal investigator. Include email and phone number.]

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns, or issues you want to discuss with someone outside the research study, contact the Chair of the Institutional Review Board (IRB) at Rock Valley College:

Heather Snider, Vice President of Institutional Research and Effectiveness

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815-921-4075

