**Consent to be a Participant in Research**

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| **Title of Study:** |  |
| **Researcher:** |  |

**Invitation:**

You are asked to be a part of a research study. The purpose of this research study is to     .

The details in this form will tell you about the study and are meant to help you decide whether or not to take part. Please read the details below and ask questions about anything you do not understand before choosing whether or not to take part.

It is your choice if you want to take part in the research study or not. You can decide not to be a part of this study or you can leave this study at any time. You may stop the study at any time without any loss of benefits to which you may have due. If any new information develops during the course of this study that may affect your decision to continue being a part of the study, you will be told.

**How long will I be in this study?**

If you agree to be in this study, you will be a part of this study for     .

You will need to return to the research site       times.

Each visit will take about       minutes.

**What will happen during my part in the study?**

If you agree to be in this study, you will     .

It will take you       minutes to complete     . You are free to skip any questions that you do not want to answer.

You will receive     .

**What are the risks or discomforts to me during my part in this study?**

There is no greater than minimal risk or discomfort to you as part of this study. Minimal risk means that the risks of being a part of this study is no more than what you have in everyday life.

The risks or discomforts to you in this study are greater than minimal risk, meaning that the risks are       more than what you have in everyday life. The possible risks or discomforts to you are     .

**What are the benefits to me during my part in this study?**

There may not be any benefits to you as a part of this study. The information learned from this study may benefit     .

**Will my information be kept private?**

The records of this study will be kept private. Your study information may be viewed by       and the Nebraska Methodist College Institutional Review Board (IRB). An IRB is a group of people who review the research to protect your rights. Complete privacy of your information cannot be guaranteed because of the need to provide your information to these agencies, but access to records will be limited to allowed people as required by state or Federal law.

**What about my own private information collected as a part of this study?**

*(Choose one of the following statements to include in the consent form)*

Your own private information collected as part of this research study will not be used or given to anyone else for future research.

Your identity will be removed from your own private information and after it is removed it may be used by another researcher for future research with asking you if they can use your private information.

Your identity may not be removed from your own private information and it may be used by another researcher for future research with asking you if they can use your private information.

**Will it cost me anything to be in this study?** *(only if greater than minimal risk)*

*(Choose one of the following statements to include in the consent form)*

You will not have any costs for being in this study.

You will have some costs for being in this study. These costs include costs for       and the amount of these costs are      .

**Will I get any payment or rewards to be in this study?** *(only if greater than minimal risk)*

*(Choose one of the following statements to include in the consent form)*

You will not receive any payment or reward for being in this study.

You will receive       for being in this study.

You will be entered into a drawing to possibly receive       for being in this study.

**What if I am injured as a result of this study?** *(only if greater than minimal risk)*

Your well-being is a major focus during this study. In spite of all precautions, you might develop       from being in this study. If this does happen you may receive treatment from      . Any related costs of care will be sought from your insurance company or other benefits program. **You will be responsible for any co-payment or deductible as required by your insurance**.

If costs of care related to such an injury are not covered by your insurance or other benefits program, you may be responsible for these costs. You do not waive any liability rights for personal injury by signing this form.

**Whom should I contact if I have any questions or problems?**

If you have any questions or problems as a part of this study, you should contact:

Name of researcher:

Phone number during the day:

Phone number after hours:

Email address:

If you have any questions about your rights as a research subject, you may contact Nebraska Methodist College’s Institutional Review Board, a group of people who are responsible to protect the rights of research subjects, by calling 402-354-7116 (ask to speak to the IRB Chair).

**Consent Statement:**

You are freely making a choice to be a part in this research study. Signing this form means that information given to you has been fully explained, all your questions have been answered, and that you understand the information given to you. If you think of any more questions during the study, you should contact      . You will be given a copy of this form.

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| *Date* |  | *Time* |  | *Signature of Subject or Subject’s Legally Authorized Representative* |
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| Date |  | Time |  | *Signature of Person Conducting Informed Consent Discussion* |
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|  | *Printed Name of Person Conducting Informed Consent Discussion* |