**BUTLER UNIVERSITY**

**CONSENT FORM**

CONSENT BY SUBJECT FOR PARTICIPATION IN RESEARCH PROTOCOL

Research Project: **[Insert Title of Study (must match title of protocol)]**

Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**Insert the name of Research Mentor/ Principal Investigator]**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to participation as a subject in the above named research project, conducted under the direction of the above named person at Butler University. My consent is given of my own free choice without undue inducement and after the following things have been explained to me. I have been informed that I will be one of approximately **[Insert how many subjects will be enrolled in the study]** subjects participating in this study.

1. Nature and Duration of Procedures.

The purpose of this study is to [**Explain why the research is being done using language understandable to the subject, e.g., eighth grade level.** ].

If you agree to be in the study, you will do the following things:

* [**Explain in language understandable to the subject all procedures/tests, including surveys, focus groups, audio or video recording, assignment to study groups, blood draws, study visits, etc., that will be employed in the study.**
* **Clarify where the procedures will be performed, how frequently they will be performed, and the expected amount of time each procedure and/or visit will last.**
* **Also clarify the total duration of the study.**

2. Potential Risks and Benefits

While on the study, the risks [**side effects, and/or discomforts**] are:

[**List in language understandable to the subject the risks, side effects, and/or discomforts of each of the procedures to be employed in the study, including physical, psychological, social, and legal.**

**Examples of possible risk/side effect statements include:**

**A risk of completing the survey is being uncomfortable answering the questions.**

**A risk of possible loss of confidentiality.**

**If appropriate, add the following statement: There also may be other risks that the investigators cannot predict.**]

[**Explain measures that will be employed to minimize the risks and side effects listed above.**

**Examples include:**

**While completing the survey, I can tell the researcher that I feel uncomfortable or do not want to answer a particular question.**

The benefits to participation that are reasonable to expect are [**describe any direct benefit to the subject or benefit to others that may reasonably be expected from the research. If there is no direct benefit to the subject, state this. Note: Payment to subjects is not considered a benefit of participating in the study and should not be listed in this section. If applicable, list it under a separate Payment section.**]

Your participation in this project is entirely voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with any faculty at Butler University. Your decision will not result in any loss of benefits to which you are otherwise entitled. If you choose to participate, you may withdraw at any time by notifying the person administering the research session. Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence and will have no bearing on your academic standing or services you receive from the University. The information obtained in the study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

[**For research conducted online meant to exclude children, include the following (or similar) statement, as appropriate**: *This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.*

[**For research conducted online meant only to include residents of the United States, include the following (or similar) statement, as appropriate:** *This research is for residents of the United States. If you are not a U.S. resident, do not complete the survey*.]

I have had the opportunity to ask questions concerning any and all aspects of the project and my questions have been answered. I understand that participation is voluntary and that I may withdraw my consent at any time without prejudice to me. Confidentiality of records concerning my involvement in this project will be maintained in an appropriate manner. When required by law, organizations may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Butler University Institutional Review Board or its designees, the study sponsor, [**Insert sponsor name if applicable**], and state or federal agencies, specifically the Office for Human Research Protections (OHRP), the National Science Foundation (NSF) [for research funded or supported by NSF], etc.. They may need to access my medical and/or research records.

A copy of this written consent has been given to me. I understand that if I have any questions concerning this research, I can contact the Investigator stated below or the supervising faculty member at Butler University.

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Signature of Subject Date

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Signature of Investigator Date

If you have any questions you may contact:

**[Insert name of Research Mentor/ The Principal Investigator]**

Butler University

4600 Sunset Avenue

Indianapolis, IN 46208

[**Insert telephone number**].

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the Butler Office of Sponsored Programs (OSP) at (317) 940-9766 or by emailing [IRB@butler.edu](mailto:IRB@butler.edu).