Western Michigan University
[Type department name here]

Principal Investigator: [Type name here]
Student Investigator: [Type name here if applicable]
Title of Study: [Type title of study here]

You have been invited to participate in a research project titled "[Type title of study here]." [If applicable include: “This project will serve as (Student Investigator’s name) (thesis, dissertation, research project) for the requirements of the (list degree to be earned here).”] This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

What are we trying to find out in this study?
[This section should explain the purpose of the study and why it is being conducted. The information should be written in a non-technical and easy to understand manner.]

Who can participate in this study?
[This section should describe and explain the inclusionary and exclusionary criteria for participating in the study. If some or all of the inclusionary/exclusionary criteria are going to be assessed by the investigator, the explain how this assessment will take place].

Where will this study take place?
[This section should state where the data collection in going to take place.]

What is the time commitment for participating in this study?
[This section should inform the potential participant about the specific time commitment involved. Information such as number of visits to the facility, the duration of each visit, the overall time it will take a participant to complete the study from beginning to end should be clearly stated.]

What will you be asked to do if you choose to participate in this study?
[This section should inform the potential participant about everything he or she must do while participating in the study.]
What information is being measured during the study?
[This section should inform the potential participant as to what information or measurements will be obtained as a result of participating in the study.] This section will describe the measurements that we are going to take during your participation in the study.

What are the risks of participating in this study and how will these risks be minimized?
[This section should describe the risks associated with participating in the study and, if applicable, the risks associated with specific measurements or information collection. This section should also describe how the aforementioned risks will be minimized by the investigators.]

What are the benefits of participating in this study?
[This section should inform the potential participant about how he or she may benefit from participating in the study. If there is no benefit to participating, this should be specifically stated. Compensation (monetary, classroom extra credit, or other means of compensation) should not be listed as a benefit.]

Are there any costs associated with participating in this study?
[This section should inform the potential participants about any costs he or she might or will incur as a result of participating in the study. If there are no costs associated with participating, this should be clearly stated.]

Is there any compensation for participating in this study?
[This section should inform the potential participant about any compensation he or she will receive for participating in the study. If compensation depends on completing the study, or if compensation changes as a result of not completing the study, it should be clearly stated.]

Who will have access to the information collected during this study?
[This section should inform the potential participant about who will have access to the information collected. If the results of the study are to be presented at a conference or published in any form, the potential participant should be informed of how his or her identity will be kept confidential.]

What if you want to stop participating in this study?
[This section should inform the potential participant about the consequences of deciding to stop participation in the study.

The following is an example that can be used (the example may need to be modified depending on the nature of the study):]
You can choose to stop participating in the study at anytime for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study.

The investigator can also decide to stop your participation in the study without your consent.

Should you have any questions prior to or during the study, you can contact the primary investigator, [Type name here] at [Type phone number here] or [Type e-mail here]. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

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I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please Print Your Name

________________________________________________________________________

Participant’s signature                                      Date