*This document is intended to be used as a* ***template*** *upon which to build your consent form. Text located <within brackets> and in red should be replaced with specific information about your study. Italicized text (shown in bright blue) is instructional only and should be deleted prior to printing your final consent form.*

Carroll College

**Subject Consent Form**

**For Participation in Human Research**

Title of Study: <insert title here>

You are being asked to participate in a research study about <insert>. From this study, the investigator(s) hope to learn <insert>. *(It is not required to tell participants exactly what you hope to learn if this will negatively impact your data. A general statement is sufficient.)*

You have been selected to participate in this study because <insert your info here>. If you agree to participate, you will be asked to <insert your info here>. The study is expected to involve <insert #> participants and will be conducted over <insert time frame>.

Participation in this study may involve certain risks, including <insert your info here>. The study is of no benefit to you. *(In the unlikely event that the study will benefit the participant, please describe the benefit(s) here in lieu of the previous sentence.)*

Funding for this study will be provided by <insert info here if applicable; if not, delete this sentence>. We expect that your involvement in the study will take <insert the time the participant will spend>.

Your privacy is important to in this study. Confidentiality of records identifying you will be maintained by <insert name and a brief statement of the process>.

Further information about this research study may be obtained by calling <insert name of PI or faculty director if PI is a student> at <insert phone number of PI or faculty director if PI is a student>. Additional questions about the rights of human subjects can be answered by the Chair of the Institutional Review Board, Gerald Schafer, at (406) 447-4405 or gschafer@carroll.edu.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of subject)* agree to participate in this research. The investigator has thoroughly explained the nature and process of this research to me. I have read the above risks involved with this study. I understand that I have the right to refuse to participate in this study and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I also understand that I may withdraw from the study at any time without penalty or loss of benefits to which I am otherwise entitled. To the best of my knowledge I have no physical or mental condition that would be adversely affected by my participation. I have received a copy of this consent form for my own records.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *name of subject*) certify that I am 18 years-old. *(Research with minors [under 18], require additional safeguards. Unless your study requires minors, include only legal adults [18 and over].)*

Signature of Participant Date

Printed Name of Participant

Signature of Witness *(This is usually one of the investigators.)* Date

Printed Name of Witness