**INFORMED CONSENT**

***Title of Study***

**Name and title of Researcher:**

Department/Room Number:

Telephone Number:

Email:

**Study Location(s):**

**PURPOSE OF STUDY**

The purpose of this research study is to…*(complete this sentence) Example: “to explore attitudes of first-generation Americans regarding education.”*

**NOTE TO RESEARCHER: DO NOT INCLUDE YOUR HYPOTHESIS ON THIS FORM.**

**SUBJECTS**

***Inclusion Requirements***

You are eligible to participate in this study if you…*(complete this sentence or use a bulleted list of inclusion criteria) Examples include, “are at least 18 years of age or older,” “have been clinically diagnosed with depression.”*

**PROCEDURES**

The following procedures will occur: *(Explain the research procedures in chronological order; include the expected duration of each procedure(s) to be completed at the visit. You may provide a visit schedule to assist the participant.)*

**RISKS AND DISCOMFORTS**

The possible risks and/or discomforts associated with the procedures described in this study. Please note that no study is truly “no risk” and the lowest category is minimal. *(For example,* *risks are minimal and no greater than those encountered in everyday life. Make sure to consider all risks – psychological, social, economic, legal and physical.)*

**BENEFITS**

The possible benefits you may experience from the procedures described in this study include…*(Complete this sentence) Example: a better attention span. [If no direct benefit to the subject is anticipated, delete the above statement and insert –* You will not directly benefit from participation in this study.]

**CONFIDENTIALITY (*This section must be consistent with what is included in Section D of your protocol.)***

***Data Storage***

Your research records will be stored in the following manner: (Complete this sentence. Also, specify the level of privacy afforded to subject data.)

Examples include **(please choose one)**:

* All identifiable information about you will be removed, with only a code to identify you. The code that links your name to the data will be kept separate from the study data.
* Data will be recorded anonymously, which means no one, including the research team, can identify you from the study data.
* Identifiable information about you will be kept with the study data.

**AND**

This information will be protected and kept confidential in the following manner: (Complete this sentence.) Examples include:

* All study data will be kept under lock and key and only authorized research team members will have access to it.
* All data stored electronically will be stored on a secure network server, or on portable devices, such as a laptop with encryption (special software) and password protection. Any hard copies will be shredded and disposed.

You must include the following statement: **All data will be retained for at least three years in compliance with federal regulations.**

**NOTICE**: Include the following information: (Select one)

Your research results will not be used for any future research OR

Your research results, minus any identifying information, may be used in future research studies examining similar topics OR

Your research results, with your identifying information, may be used in future research.

(If checking the third option, you must provide additional information about the future research and provide a separate signature line for consent.)

**IF YOU HAVE QUESTIONS**

If you have any comments, concerns, or questions regarding the conduct of this research, please contact the researcher at the top of this form. If you are unable to contact the researcher or have general questions about your rights as a participant, please contact Gina Game, IRB Administrator, Sponsored Programs Office/SUNY Buffalo State at [gameg@buffalostate.edu](mailto:gameg@buffalostate.edu).

**VOLUNTARY PARTICIPATION STATEMENT**

Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with Buffalo State.

***SIGNATURES***

Your signature documents your permission to take part in this research.

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***Signature of participant* *Date***

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***Printed name of participant***

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the subject.

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***Signature of researcher Date***

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***Printed name of researcher***