

Institutional Review Board

Research Project Consent Form

**Study Title:***Insert title as listed on IRB Application*

**Researchers:** *List names, academic/staff positions, divisions/departments, telephone numbers of ALL investigators and co-investigators* ***NOTE:*** *Students should be listed as co-investigators with their advisor as PI \*For studies involving more than minimal risk, include a 24-hour emergency telephone number with name or position (when relevant)*

**Sponsor:** *Delete if not applicable.*

You are being asked to take part in a research study carried out by *[name of PI and co-PIs].* This form explains the research study and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything you don’t understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for human subject participation by the Bellevue College Institutional Review Board.

**What is this study about?**

This research study is being done to *[Briefly describe the primary purpose of the study in lay language.]*

You are being asked to take part because *[Include a reason why the participant is being asked to participate (e.g. you are a member of a support group for families of persons with a chronic illness)]*.

Taking part in the study will take about *(minutes, hours, weeks, months, or years)]*.

You cannot take part in this study if *[List exclusion criteria (e.g., you are under 18, you are taking anti-depressants, you are involved in any other research study at this time, etc.).]*.

**What will I be asked to do if I am in this study?**

If you take part in the study, you will be asked to *[Provide a complete description of procedures.]*

**Are there any benefits to me if I am in this study?**

The potential benefits to you for taking part in this study are *[Describe only the benefits that are likely for research participants. Describe generalizable or societal benefits in a sentence such as: If you take part in this study, you may help others in the future. Do not overstate potential benefits. NOTE: Do not include financial payment, course credit, or other forms of incentive as benefits of being in the project. This information belongs in the section on costs or payments.] If there are none, state: “There is no direct benefit to you from being in this study.”*

**Are there any risks to me if I am in this study?**

The potential risks from taking part in this study are *In addition to physical risks/discomforts or stress describe any other risks such as: psychological, economic, social, employment, reputation, or loss of confidentiality or sensitive information. Include risks associated with sensitive questions, for example distress or discomfort. If applicable, include risks of reporting illegal or reportable behavior (abuse or intent to harm). Describe the precautions that are being taken to minimize risks and steps that will be taken if risks occur. If applicable, discuss the availability of referrals, counseling, or other services, such as suicide counseling. NOTE: Do not state that there are no risks or that risks “should be minimal.”*

**Will my information be kept private?**

*Two options: Select one and delete this sentence.*

The data for this study are being collected anonymously. Neither the researcher(s) nor anyone else will be able to link data to you.

*Or*

The data for this study will be kept confidential to the extent allowed by federal and state law. Under certain circumstances, information that identifies you may be released for internal and external reviews of this project. No published results will identify you, and your name will not be associated with the findings.

*Inform participants of the following: If data are coded and a key maintained separately, inform participant of the process. Explain how you will maintain the participant’s privacy throughout the study (e.g. private conversations, interactions with other participants.) If applicable, discuss required reporting (e.g. potential suicide or homicide, child abuse.) Describe where data will be stored. Describe who will have access to the data including: All researchers and researchers’ staff, the Institutional Review Board, and sponsors and/or agencies. Inform participants if voice, video, digital, or image recordings will be made of them, and indicate if this is required to be in the study. If not required, you must include an opt-in check box at the end of the form with the signature portion.*

The data for this study will be kept for \_\_\_\_\_ years. *(A minimum of 3 years after the completion of the study is required by the Bellevue College IRB.)*

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous.

**Are there any costs or payments for being in this study?**

There will be no costs to you for taking part in this study. You will receive *[For research on students, tell the participant if they will receive credit or extra credit and include the amount. If students are required to obtain research credits, inform them of the equivalent, non-research assignment which may be done in place of research participation]* for taking part in this study. If you decide to quit the study you will receive *specifically explain the method or schedule for each payment.* If you receive payment for taking part in this study, you may be asked to provide your home address or social security number.

Or

You will not receive money or any other form of compensation for taking part in this study.

**What are my rights as a research study volunteer?**

Your participation in this research is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

**Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact the researcher *name and complete contact information: mailing address, e-mail address, and phone number(s).* If you have questions about your rights as a research participant or would like to report a concern or complaint about this study, please contact the Bellevue College Institutional Review Board at phone number: (425) 564-3152, e-mail address [irbchair@bellevuecollege.edu](mailto:irbchair@bellevuecollege.edu) or regular mail at: Institutional Review Board Chair, Bellevue College, 3000 Landerholm Cir. SE, Bellevue, WA 98007.

**What does my signature on this consent form mean?**

Your signature on this form means that:

* You understand the information given to you in this form.
* You have been able to ask the researcher questions and state any concerns.
* The researcher has responded to your questions and concerns.
* You believe you understand the research study and the potential benefits and risks that are involved.
* You are at least 18 years of age.

**Statement of Consent**

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

|  |  |
| --- | --- |
| Signature of Participant | Date |
| Printed Name of Participant | |

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

* Speaks the language used to explain this research
* Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
* Does not have any problems that could make it hard to understand what it means to take part in this research.

|  |  |
| --- | --- |
| Signature of Person Obtaining Consent | Date |
| Printed Name of Person Obtaining Consent | Role in Research Study |

**Routing Instructions**

1) IRB Chair, A242