**[Informed Consent Document Template**]

**[*Project Title*]**

**[Purpose]**

You are being asked to participate in a research study about [*insert general statement about study]*. The purpose of this research is [*insert a statement of purpose].* You were selected as a possible participant because [*explain how participant was identified]*. Please read this form and ask any questions that you may have before agreeing to be in the research.

**[Information about Participants’ Involvement in the Study]**

The study will take place in [*building and room*]. It should take you approximately [*state the amount of time required of participants per session and for the total duration of the research*] to complete the research study.

If you agree to be a participant in this research, we would ask you to do the following things:  
*[List all procedures, preferably in chronological order, which will be employed in the research. Point out any procedures that are considered experimental. Clearly explain technical and medical terminology using non-technical language. Explain all procedures using language that is appropriate for the expected reading level of the participants.].*

**[Risks]**

This research has the following risks: [*explain first risk, including the likelihood of the risk and any measures that will be used to minimize the risks*; c*ontinue providing the risks, as necessary*].

**[Benefits]**The benefits of participation are [*explain benefits of participation that will be gained, either by the participants, society, or to the body of knowledge. Note: monetary compensation is not considered a benefit of being in the study*].

**[Compensation]**You will receive the following payment/reimbursement: [*Explain the amount of payment or other reimbursement information (i.e., class credits), as well as when payment and/or reimbursement will occur*. *If applicable, indicate other ways participants can earn the same amount of credit or compensation. If you do not have compensation, delete this section*].

**[Confidentiality]**The information in this research will be kept confidential. [*State how the data will be coded*]. Research data will be stored in a secure location. [*State why the location is secure. (e.g., locked filing cabinet/room with limited access*]. The data will be made available only to the persons conducting the research. No reference will be made in oral or written reports that could link participants to the research. [*If tape or video recordings are made, explain who will have access to them, and when they will be erased/destroyed*].

**[Voluntary Participation]**

You do not have to perform any activity you do not want to. You do not have to answer any question you do not want to answer. Participation in this study is voluntary. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled.

**Contact Information:**

If there are any questions at any time about the study or the procedures, or you experience adverse effects as a result of participating in this study, please contact: faculty member, department, WIU, telephone and email address.

This project has been reviewed and approved by the WIU Institutional Review Board. Questions concerning your rights as a participant in this research may be directed to IRB Administrator, at (309) 298-1191 or IRB@wiu.edu.

**Consent:**

I have read the above information, and I have received a copy of this form. I agree to participate in this study.

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| Participant’s Printed Name | Signature | Date |
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| Investigator’s Printed Name | Signature | Date |
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