**College of St. Benedict St. John’s University**

**Institutional Review Board (IRB) Informed Consent Template**

Instructions for the Institutional Review Board Consent Form Template

1. Paginate your consent form. Examples include, 1 OF 2, 2 OF 2, etc.
2. Duplicate the consent form on both sides to eliminate page separation; try to keep the consent to 2 pages if possible. If 3 pages are needed, the first page is single sided, pages 2 and 3 are duplicated back to back.
3. Use language appropriate for the reading level of potential participants. Typically, the guideline is to use an 8th grade or lower reading level to ensure that they understand.
4. NO language can be used that asks participants to waive legal rights or that releases investigators.
5. Assent forms can follow the consent template, but the language should be simplified so that it is appropriate for the age level of the potential participants.

**SEE BELOW FOR CONSENT FORM TEMPLATE**

**COLLEGE OF ST. BENEDICT/ST. JOHN’S UNIVERSITY**

**[*TITLE OF THE STUDY*]**

**INTRODUCTION**

You are invited to be in a research study about [*insert general statement about study*]. This study is being conducted by: [*Indicate all pertinent information, primary researcher and faculty advisor if appropriate*]. You were selected as a possible participant because [*explain how participant was identified*]. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

**BACKGROUND and PROCEDURES**

The purpose of this study is [*explain research question and purpose in everyday language*].

If you agree to be in this study, we would ask you to do the following things.

[*Explain the tasks and procedures; participants should be told about assignment to study groups, length of time for participation, frequency of procedures, etc...* *Lengthy procedures are often best broken up into numbered steps.*]

**RISKS/BENEFITS**

This study has no known risks [OR] The study has [*insert #*] risks. First, [*explain first risk*].

Second, [*explain second risk*]. [*Each risk must be explained, including the likelihood of the risk and the steps you will take to prevent the risk*.] In the event of injury, [*insert what actions will be taken to prevent/minimize injury or assist participant with seeking appropriate care*].

[*If there are significant physical or psychological risks to participation, the participant should be told under what circumstances the researcher will terminate the study.*]

The benefits of participation are [*explain the benefits, or, if there are none, state that fact here*.]

**CONFIDENTIALITY**

*[This section should begin with a statement indicating whether or not names or other identifying information will be collected as part of the study. If identifying information is collected, there should also be a statement indicating when the identifying information will be removed from the data].* The records of this study will be kept private. Research records will be kept *[in a locked file, in a password secured document, or other secure measures deemed appropriate by the researcher and IRB]*; only the researchers will have access to the records. In any reports or public presentations, no information will be included that would make it possible to identify a participant.

 [*If audio or videotapes are made, explain who will have access, if they will be used for educational purposes, and when they will be erased.*]

**VOLUNTARY NATURE OF THE STUDY**

Your participation in this research study is completely voluntary. You may stop participating at any time without penalty or costs of any kind. Your decision whether or not to participate will not affect your current or future relations with the College of Saint Benedict or Saint John’s University [*here, also state that their decision whether or not to participate will not affect their relationship with any other specific institutions, organizations, professors, teams or coaches involved in conducting the study or recruiting participants*].

**FUNDING SOURCES** (if applicable)

[Identify external funding sources that are supporting this study].

**CONTACTS AND QUESTIONS**

The researchers conducting this study are [*provide names*]. You may ask any questions you have now. If you have questions later, you may contact them at [*provide phone numbers and/or email addresses. If the researcher is a student, provide the faculty moderator’s or advisor’s name and contact information as well*]. If you have additional questions you may also contact the CSB/SJU Institutional Review board chair, [*provide IRB chair name and the IRB email address:* *irb@csbsju.edu*].

You will be given a copy of this form to keep for your records.

**STATEMENT OF CONSENT**

I have read the above information. I have asked questions and have received answers. I consent to participate in the research.

[*If there are any other stipulations that the participant should attest to, list them here in bulleted form. For example:*

*I attest that:*

* *I am at least 18 years of age.*
* *I have no known medical condition or physical injury that will prevent me from participating in exercise.* ]

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*[The witness signature is needed if the participant provides only verbal consent; it is not required if the participant signs directly. In order to avoid confusion, delete this section with the witness signature, date, and printed name if it is not needed.]*