

Title of Research Project

Consent to Participate in a Research Study

Principal Researcher: Principal Researcher's Name

Faculty Advisor: Faculty Advisor's Name

INVITATION TO PARTICIPATE

You are invited to participate in a research study about . You are being asked to participate in this study because you .

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who is the Principal Researcher?

Principal Researcher's name and contact information

Who is the Faculty Advisor?

Faculty Advisor's name and contact information

What is the purpose of this research study?

The purpose of this study is

Who will participate in this study?

Number of expected participants, who they are, age range, etc.

What am I being asked to do?

Your participation will require the following:

What are the possible risks or discomforts?

List any possible risks. It is permissible to say there are no anticipated risks to participating, if this is the case.

What are the possible benefits of this study?

This question asks for benefits to the participant, not just the knowledge gained by the study. It is permissible to say there are no anticipated benefits to the participant, if this is the case.

How long will the study last?

Make clear to your participant how long their participation will take, whether a 15-minute survey, or three one-hour meetings spread out over a month, etc.

Will I receive compensation for my time and inconvenience if I choose to participate in this study?

Will I have to pay for anything?

This will generally say, No, there will be no cost associated with your participation.

What are the options if I do not want to be in the study?

If you do not want to be in this study, you may refuse to participate. Also, you may refuse to participate at any time during the study. Your job, your grade, your relationship with the University, etc. will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law.

Add whatever steps are being taken to ensure confidentiality, whether data will be anonymous, records will be locked in a secure area, etc.

Will I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Name and contact information or Principal Researcher, Name and contact information. You will receive a copy of this form for your files.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Principal Research's name and contact information

Faculty Advisor's name and contact information

You may also contact the University of Arkansas Research Integrity and Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator
Research Integrity and Compliance
University of Arkansas
105 MLKG Building
Fayetteville, AR 72701-1201
479-575-2208
irb@uark.edu

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by signing the consent form. I have been given a copy of the consent form.
