**OCCIDENTAL COLLEGE**

**INFORMED CONSENT FORM**

[NOTE: **Information in brackets [ ] is listed only as a prompt**. **The brackets and instructions in purple should be deleted and filled in with modified language and content in black print as is appropriate to YOUR research and YOUR subjects**. Language should be in simple, concise, lay language, usually written at the 8th grade reading level, to be sure any/all subjects understand the information. *If your participants are minors, please adjust the language below to replace “You are/will…” with “Your child is/will…”, etc., as appropriate, for parental/guardian consent.* Review your document well after editing it. Students should have their faculty supervisor review the final document before it is submitted to the HSRRC-IRB for review. PLEASE BE SURE TO DELETE THIS PARAGRAPH.]

**Title of Study:** [title of your research project]

**Student Investigator** [or **Principal Investigator** for non-students]: [first and last name]

**Faculty Supervisor** [for student projects only]: [first and last name of faculty supervisor]

**Research Assistant(s):** [for faculty/admin projects only]: [first and last name(s)]

You are invited to participate in a research study conducted by [your first and last name], a [student/faculty member] in the [insert department affiliation if appropriate] at Occidental College in Los Angeles, CA. You must be at least 18 years of age to consent to participation in this study. Please read this form and ask any questions you may have before agreeing to participate in the study.

PURPOSE OF STUDY: The purpose of this study is [provide a clear and accurate description of the purpose and objective of your research in lay terms (avoid jargon a regular person would not necessarily understand). Note: If there is a screening process to determine eligibility, you can include it here, such as: You were selected to participate in this study because…you are an athlete, female, etc.]. Data collected from this study will be used [for a final report that may be used in presentations or published; presentation at meetings or conferences; published by the researcher; screened publicly as part of a media project; etc.]. [If findings or data will be shared with some other organization, include a statement about this here, *and repeat that in the section on Confidentiality.*] [If there is any possibility that you will hold data for future use, inform subjects of this and include a statement such as: “Data derived from this study may be held for future use, and may be stored and re-analyzed, or otherwise combined with other data at a later date.”]

PROCEDURES: If you agree to take part in this study, you will be asked to [explain tasks and procedures; subjects should be told about length of time for participation and frequency of procedure if applicable. Also, explain if you will be asking personal/sensitive questions on topics that might be upsetting, e.g., alcohol/drug use, suicide, sexual behavior, asking subjects to view disturbing pictures, etc.]. [If you intend to audio-record an interview for note-taking purposes, include a statement here addressing this, such as “With your permission the interview will be audio-recorded for note-taking purposes only.” Or state if audio-recording is a requirement for participation. If recordings will be made, you will need to include a line for participants to initial below. If video-recordings will be made for public presentation, you may need a separate media release form.]

VOLUNTARY PARTICIPATION: Participation in this study is voluntary. You may skip any questions that you do not want to answer [or modify as is appropriate for your study] or stop participating at any time. You are free to withdraw from the study at any time without penalty, with no loss of benefits to which you were otherwise entitled.

RISKS and BENEFITS: [Describe any reasonably foreseeable risks, discomfort, or inconveniences, and how these will be managed, such as “There is the risk of (risks/discomforts must be explained.)” If risk factors involve psychological/emotional risk, you should include a statement that students at Occidental College may wish to contact Emmons Health & Wellness Center and list its contact information. For non-Oxy subjects, you should refer them to their medical practitioner or a professional counselor, and/or list contact information for a local or national hotline, as is appropriate for your study. OTHERWISE, for studies posing no specific risks, or low/minimal risk, you should include a statement such as “There are no anticipated risks or discomforts to your participation in this study other than those encountered in daily life.”]

Although you may not benefit directly from this research, by participating in this study [include how this research may have societal benefits or give the researcher a better understanding of the study topic].

CONFIDENTIALITY: [Explain the procedures that will be used to protect a subject’s identity and confidentiality of records. Avoid the term *anonymous* when you mean *confidential* (see definitions on the Human Subjects IRB website.) It is usually best not to name/identify subjects in reported data. Explain if no names will be used in reported data, if a pseudonym/fake name will be used in place of a subject’s real name, or if a number/code system will be used and that the “key/list” with pseudonyms/code numbers will be stored separately from data and signed consent forms. If you intend to give subjects the option for their name to be used in the study, address that here and include a line for initials below.] [Briefly explain who will have access to the data, such as only the researcher and/or faculty supervisor; that data will be kept on a password-protected computer and/or stored physically in a secure location. (You do not need to list the exact location where data will be stored.) If audio-recording an interview for note-taking purposes, explain if the recording will be erased after completion of the study (standard procedure) or if it will be included with other stored data.] [If findings or data will be shared with some organization, include a statement about this, *even if you already mentioned that in Purpose of Study above*.]

COMPENSATION: [Address compensation as is appropriate for your study. Describe specific payment here; or, if there is no payment, include a statement such as: “You will not be paid for participating in this study.”]

CONTACT INFORMATION: If you have any questions or concerns about the research, you can contact [first and last name of the researcher] at [email/contact info] or [Professor first and last name (if this is a student project)] at [email/contact info]. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board Office at Occidental College in Los Angeles, CA, 90041 at hsrrc@oxy.edu.

[The following two lines for initials are optional, depending on the nature of your study, and should match what you state above. Only include the statements below if they are appropriate for your study; otherwise, delete them. Please be sure to delete this paragraph.]

This interview may be audio-recorded for note-taking purposes: (initial) YES\_\_\_\_ NO\_\_\_\_

I agree that my name may be used in the final report: (initial) YES\_\_\_\_ NO\_\_\_\_

 **CONSENT STATEMENT** [If any participants are minors, please see below. (Delete this)]

I am at least eighteen years of age. I have read this form and the research study has been explained to me. I am fully aware of the nature and extent of my participation in this research project and the possible risks as outlined above. I understand that I may withdraw my participation in this project at any time without prejudice or penalty of any kind. I hereby agree to participate in this research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature and Date / PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher or Research Assistant Signature and Date / PRINTED NAME

[If any participants are minors, include the following statement (and delete the previous consent statement, if all participants are minors). Please also consult the Child/Adolescent Assent Forms on the website. Otherwise please delete.]

**INFORMED CONSENT FOR MINOR CHILD**

I am fully aware of the nature and extent of my child’s participation in this project and agree with full knowledge of all details to allow my child to participate. I understand that I may withdraw my child’s participation in this project at any time without prejudice or penalty of any kind, and that the investigator will be sensitive to my child’s feelings and protect my child’s privacy.

I do\_\_\_\_\_\_ I do not\_\_\_\_\_\_ (check one) give my consent for my child to participate.

Child’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Subject should sign two copies of this form.***

***Keep one copy and return the other to the investigator.***