Gardner-Webb University IRB

Informed Consent Form

Title of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher (name and role/department) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose**

**The purpose of the research study is…** (*This section should summarize your study. Please provide concise information that is easy to understand.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Procedure**

**What you will do in the study:** (*Outline what will be expected of the participant. Be specific, as described in your research procedure. If the participant will be photographed, audio taped, or videotaped, include this in the description. If your study involves an interview or survey, inform participants that they can skip any question that causes discomfort and that they can stop the interview or survey at any time. If your study involves deception, please give as much information as possible without compromising your research

**Time Required**

It is anticipated that the study will require about \_\_\_\_ *minutes/hours* of your time. *If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment (as outlined in the “What you will do in the study” section above), and the total time for all sessions.*

**Voluntary Participation**

Participation in this study is voluntary. You have the right to withdraw from the research study at any time without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identified state.

**Confidentiality**

*(Provide an explanation of how data will be kept private and confidential and how researcher will protect the anonymity of the subject. This should include a brief statement about 1) How you will collect data 2) How you will store data and 3) How and when data will be destroyed.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**For common scenarios concerning confidentiality, the following text can be used.**

**Data Linked with Identifying Information**

The information that you give in the study will be handled confidentially. Your information will be assigned a *code number*. The list connecting your name to this code will be kept in a *locked file.* When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report. *If you are using audio tapes, video tapes, or photographs in the study, describe when these materials will be destroyed.*

**Anonymous Data**

The information that you give in the study will be handled confidentially. Your data will be anonymous which means that your name will not be collected or linked to the data. *If it is possible for you (the researcher) to deduce the participant’s identity, state the following:* Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so, and your data will be reported in a way that will not identify you.

**Confidentiality Cannot be Guaranteed**

In some cases it may not be possible to guarantee confidentiality (e.g., an interview of a prominent person, a focus group interview). *Please use the following text if you cannot guarantee confidentiality*: Because of the nature of the data, I cannot guarantee your data will be confidential and it may be possible that others will know what you have reported. *Please note that in some cases if confidentiality cannot be guaranteed, it may be a risk to the participant and should be explained in the “Risks” section as well.*

**Risks**

*If there are no risks to the participant, then state:* There are no anticipated risks in this study. *If there is a potential risk to the participant, describe the risks and what you will do to minimize the risks, as described in your Application to Conduct Research. Include all possible physical, psychological, professional, or personal risks and/or hazards for the participants.* ***Any risks listed in your Application to Conduct Research must be addressed in this section. However, it is important not to overstate the risks as well.*** *If arrangements have been made for a counselor to be available in the event of participant discomfort, state the following:* If, as a result of the study, you experience discomfort and would like to discuss your thoughts or feelings with a counselor, please contact the following individual for assistance. *List the name and contact information of the counselor on call. If the situation is such that a specific counselor cannot be determined before the study, please list name and contact information of the researcher.*

**Benefits**

There are no direct benefits associated with participation in this study. The study may help us to understand … *provide one or two sentences about what you hope to learn from the study.* The Institutional Review Board at Gardner-Webb University has determined that participation in this study poses minimal risk to participants.

**Payment**

You will receive no payment for participating in the study. *If an incentive is offered which involves a lottery or drawing, describe the odds of winning the incentive. If class credit to participants is involved, please us the specific term: “class participation credit.”*

**Right to Withdraw From the Study**

You have the right to withdraw from the study at any time without penalty. *If you are using an audio or video tape, please state the following:* If you choose to withdraw from the study, your audio (or video) tape will be destroyed.

**How to Withdraw From the Study**

*Please modify this section so it accurately describes how to withdraw from the study while it is being conducted and how to withdraw after it is completed, where appropriate (it may be impossible to withdraw if the data are anonymous).*

* If you want to withdraw from the study, *(explain how to withdraw from the study, such as “tell the researcher and leave the room” or “tell the interviewer to stop the interview”).* There is no penalty for withdrawing.
* If you would like to withdraw after your materials have been submitted, please contact … *fill in researcher contact information.*
* *If deception is included in the study, let the participants know that they will be debriefed if they withdraw from the study and that their data will be destroyed.*

**If you have questions about the study, contact the following individuals.** (*List all researchers and contact information)*

Researcher’s Name

Department

Gardner-Webb University

Boiling Springs, NC 28017

Researcher Telephone Number

Researcher Email Address

Faculty Advisor Name

Department

Gardner-Webb University

Boiling Springs, NC 28017

Faculty Advisor Telephone Number

Faculty Advisor Email Address

**If the research design of the study necessitates that its full scope is not explained prior to participation, it will be explained to you after completion of the study. If you have concerns about your rights or how you are being treated, or if you have questions, want more information, or have suggestions, please contact the IRB Institutional Administrator listed below.**

Dr. Jeffrey S. Rogers

IRB Institutional Administrator

Gardner-Webb University

Boiling Springs, NC 28017

704-406-4724

[jrogers3@gardner-webb.edu](mailto:jrogers3@gardner-webb.edu)

**Voluntary Consent by Participant**

I have read the information in this consent form and fully understand the contents of this document. I have had a chance to ask any questions concerning this study and they have been answered for me.

\_\_\_\_\_ I agree to participate in the confidential survey.

\_\_\_\_\_ I do not agree to participate in the confidential survey.

\_\_\_\_\_ I agree to participate in the focus group.

\_\_\_\_\_ I do not agree to participate in the focus group.

\_\_\_\_\_ I agree to participate in the interview session(s). I understand that this interview may be

*indicate video/audio* recorded for purposes of accuracy. The *audio/video* recording will

be transcribed and destroyed.

\_\_\_\_\_ I do not agree to participate in the interview session(s).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant Printed Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant Signature

You will receive a copy of this form for your records.