**Instructions**

**Please be sure to follow all the instructions for completing the informed consent template for your study. This is an important document that provides your participants with essential information about your study and their rights as participants. Any errors or omissions will result in a delay of approval. Remember, your Informed Consent form should read as if directed to participants.**

1. **Fill in the grey highlighted areas in the sections below and then remove the highlight.**
2. **Delete any grey highlight sections that are not used.**
3. **Delete the (instructions in parentheses) and any parentheses that may remain.**
4. **Add those items listed after OPTIONAL SECTIONS that are needed for your study to the consent form before the signature area.**
5. **Delete the OPTIPNAL SECTIONS and this Instructions Section**
6. **Do not alter the standard language in this form. These are the plain text sections.**

***Thank you!***

**Introduction:**

My name is (name). I am a (choose - doctoral student, or, faculty member, or, staff member) at Southern Adventist University. I am conducting a research study on (briefly describe, in no more than 1 or 2 sentences, the purpose of the study in your own terms.) I am completing this research as part of my doctoral degree (if applicable, otherwise delete). Your participation is completely voluntary. I am seeking your consent to involve you and your information in this study. Reasons you might ***not*** want to participate in the study include (briefly describe the reasons, in your own words). Reasons you might want to participate in the study include (briefly describe any reasons, in your own words). An alternative to this study is simply not participating. I am here to address your questions or concerns during the informed consent process.

**PRIVATE INFORMATION**

Certain private information may be collected about you in this study. I will make the following effort to protect your private information, including (describe what will be done to protect privacy). Even with this effort, there is a chance that your private information may be accidentally released. The chance is small but does exist. You should consider this when deciding whether to participate.

**Activities:**

If you participate in this research, you will be asked to:

1. (List each activity, one at a time, and include the time each activity will take.)

**Eligibility:**

You are eligible to participate in this research if you:

1. (List all inclusion criteria)

You are not eligible to participate in this research if you:

1. (List all exclusion criteria)

I hope to include (state total target sample number) people in this research.

**Risks:**

There are (choose - minimal, or, greater-than-minimal) risks in this study. Some possible risks include: (describe the risks, in layman’s terms).

To decrease the impact of these risks, you can: (examples - skip any question, and/or, stop participation at any time, etc.).

**Benefits:**

 If you decide to participate, there are no direct benefits to you. (**NOTE** that most studies do not have any direct benefits to participants. If you truly think your study *does* have a direct benefit, change the language in this section. You will need to justify your reasoning in the IRB application.)

The potential benefits to others are: (describe any benefits to others, the field, etc.).

**Confidentiality:**

The information you provide will be kept confidential to the extent allowable by law. Some steps I will take to keep your identity confidential are: (examples - I will use a fake name or number to identify you, and/or, I will keep your name separate from your answers, or, I will not ask for your name, etc.)

The people who will have access to your information are: (choose - myself, and/or, my dissertation chair, and/or, the other researchers, and/or, my dissertation committee, etc.) The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: (examples - locking it in a filing cabinet, and/or, locking the computer file with a password, and/or, using encryption on my computer, and/or transporting it in a locked case, etc.)

I will keep your data for 7 years. Then, I will delete electronic data and destroy paper data.

**Contact Information:**

If you have questions for me, you can contact me at: (NCU email. Phone dedicated to research.)

My dissertation chair’s name is (name). (He, or, She) works at Southern Adventist University and is supervising me on the research. You can contact (him, or, her) at: (SAU email. Phone dedicated to SAU work.)

If you contact us you will be giving us information like your phone number or email address. This information will not be linked to your responses if the study is anonymous.

If you have questions about your rights in the research, or if a problem has occurred, or if you are injured during your participation, please contact the Institutional Review Board at: irb@southern.edu or 423-236-2285.

**Voluntary Participation:**

Your participation is voluntary. If you decide not to participate, or if you stop participation after you start, there will be no penalty to you. You will not lose any benefit to which you are otherwise entitled.

**Future Research**

Any information or specimens collected from you during this research may **not** be used for other research in the future, even if identifying information is removed*.*

**Signature:**

A signature indicates your understanding of this consent form. You will be given a copy of the form for your information.

Participant Signature Printed Name Date

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

Researcher Signature Printed Name Date

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

***If you will not obtain a signature, please delete the signature section and signature lines from the template.***

***OPTIONAL SECTIONS***

***If applicable, the sections below must be added to your consent form, somewhere above the “signature” section (your dissertation chair can assist you in determining if these are applicable):***

**Dual Role:**

This research is being conducted in my role as a Southern Adventist University doctoral student/faculty/staff member – identify role, but I also hold a role as (indicate external role).

**Compensation/Incentives:**

To thank you for your willingness to participate, you will be given (state compensation/incentives with approximate value, if not monetary).

**Audiotaping:**

I would like to use a voice recorder to record your responses. You (can, or, cannot) still participate if you do not wish to be recorded.

Please sign here if I can record you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Videotaping:**

I would like to use a video camera to record your actions. Because this tape will show who you are, these extra steps will be taken: (describe added security measures, such as how tapes will be securely transported, labeled, stored, deleted, etc.)

You (can, or, cannot) still participate if you do not wish to be recorded.

Please sign here if you will allow me to videotape you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experimental (Procedure, or, Treatment, or, Intervention):**

This (procedure, or, treatment, or, intervention) has not been tested before. The purpose of this study is to test it. You should know that there are other (procedures, or, treatments, or, interventions) available to you that have been tested before. Some benefits to these are: (describe). If you are interested in these (procedures, or, treatments, or, interventions) instead, please let me know.

**(Funded, or, Sponsored) Study:**

This study is (funded, or, sponsored) by: (name funding source, grant number, sponsoring company, etc.)

**Mandated Reporting:**

I am required to report suspicion of child or elderly abuse to: (fill in name of state agency).

If I am concerned you might hurt yourself, I must get help for you. I will: (fill in procedure).

If I am concerned you might hurt someone else, I will: (fill in state requirements, duty to warn victim, contact police, etc.)

If I become aware of a crime you have committed, I will: (fill in procedure).

***Anonymous Studies Only:***

***Instructions for informed consent for anonymous studies. Your study is not anonymous if you collect any identifying information about the participants. A study is only anonymous if the participant’s name or any other identifying information is NOT collected during recruitment, informed consent, or the study itself. If your study is anonymous, perform the following:***

1. *Delete signature lines from the informed consent.*
2. *Include the following language in the informed consent:*

This study is anonymous, and it is not the intention of the researcher to collect your name. However, you do have the option to provide your name voluntarily. Please know that if you do, it may be linked to your responses in this study. Any consequences are outside the responsibility of the researcher, faculty supervisor, or Southern Adventist University. If you do wish to provide your name, a space will be provided. Again, including your name is voluntary, and you can continue in the study if you do not provide your name.

***Below items are mandatory if the study involves greater-than-minimal-risk:***

**Injury:**

If you are injured as a result of your participation in this study, treatment will be available to you here: (name and describe location of medical care location). Additional resources are: (name any information you will provide, such as lists of local providers). Costs that arise from injury or emergency treatment must be paid by you.

**Additional Costs:**

There are no anticipated financial costs to you.

**Termination of Participation:**

I may stop your participation, even if you did not ask me to, if: (describe circumstances or signs of distress that would lead researcher to stop participation).

If you decide to stop participation, you may do so by: (describe procedure to be followed if the participant wants to leave the study). If so, I (will use, or, will not use) the information I gathered from you. Your removal from the study, if it does occur, may not be immediate. Sometimes there could be harmful consequences. If this is the case, I will help you to safely leave the study. It will be important for you to follow my instructions.

**New Findings:**

Sometimes during a study we learn new information. This information may come from our research or from other researchers. If new information might relate to your willingness to participate, I will give you that information as soon as possible.