**Human Subject**

**Carthage College Informed Consent Form**

**[Non-Exempt Research Project: Signature Required]**

**Project Title:** [insert project title]

[Note to researchers: The consent form should be written TO your potential participants (i.e., use language that includes the word “you” and not “participants”. For example, “**You** will be asked to …”).

**Remove this and all highlighting from this form prior to submission.]**

**Dear Participant:**

You are being asked to participate in a research study reviewed by Carthage College IRB {include IRB #} through the Department of [insert department] by [insert P.I.’s name and title]. The researchers are required to receive your informed consent before you participate in this project.

**Your participation in this research is voluntary.** If you choose not to participate, there are no penalties or loss of benefits or services to which you are otherwise entitled. You may withdraw or be withdrawn from the study at any time without penalty and without loss of benefits.

A basic description of the project is written below. Please read the explanation below and discuss it with the researchers. We encourage you to ask questions to help you understand the project at any time during or after the study. Contact information of study personnel and other officials is listed at the end of this document. After any questions you may have are answered and you decide to participate in the research, please sign on the last page of this form in the presence of the person who explained the project to you. A copy of this form will be given to you to keep, on request. [“on request” may be removed if you plan to provide all participants with a consent form]

1. **PROJECT PURPOSE:**

[Describe purpose of the research to the potential participants.]

1. **EXPLANATION OF PROCEDURES:**

[Describe procedures in non-technical language. Include types of questions that will be asked, if applicable. If you would like permission to audiotape or videotape your participants, indicate here.]

1. **DURATION OF PARTICIPATION:**

[Clearly state the duration of participation.]

1. **APPROPRIATE ALTERNATIVE PROCEDURES OR COURSES OF TREATMENT:**

[Describe any appropriate alternative procedures or courses of treatment. If none, indicate that.]

1. **RISKS:**

[Describe any risks involved with participation in this research that goes beyond the risks of daily life. If none, indicate that.] Given the ongoing health pandemic caused by COVID-19, we cannot eliminate possible risks of the disease. Per CDC guidelines, we have established the following protocol to minimize the risk of COVID-19 transmission by…. [Describe the specific protocol implemented to minimize risk]. Additional information about Carthage College’s institutional policies regarding COVID-19 can be found at: <https://www.carthage.edu/carthage-covid-19/>

1. **BENEFITS:**

[Beyond compensation, will participants benefit in any way from participating in this research? If none, indicate that.]

1. **CONFIDENTIALITY:**

Participation in research entails a potential loss of privacy. [State the intention to keep the participant’s identity in confidence and explain how the confidentiality of the data collected will be protected (for example: “your data will be stored separately from your name”, or “no reference will be made in verbal or written materials that could link you to the study,” or that “your data will be stored in a locked file cabinet/password protected computer and only research personnel will have access to it”).]

1. **COMPENSATION:**

[State the terms of human subject compensation for study participation, **if any**. If the participants will be paid, state how and when they will receive payments and/or compensation. If class credit will be given, list the amount and alternative ways to earn the same amount of credit.]

1. **CONSENT:**

□ I have read the above information about [project title] and have been given an opportunity to ask questions.

□ I have been given a copy of this document, on request. [“on request” may be removed if you plan to provide all participants with a consent form]

□ I agree to be audiotaped/videotaped or both [Modify/remove as appropriate. Include a statement about how the material will be used.]

□ I affirm that I am 18 years of age or older.

□ I agree to participate in this project.

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

**Signature of Participant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Participant**

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

**Signature of Research Representative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Research Representative**

1. **CONTACT INFORMATION FOR RESEARCH PERSONNEL:**

*Principal Investigator:*

[insert name & complete contact information]

*Faculty Co-Investigator:*

[insert name & complete contact information]

*Student Co-Investigator:*

[list names & email addresses]

*Department Chair:*

[insert name & complete contact information]

*Institutional Review Board Chairperson:*

Dr. Deanna Byrnes

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