**ADULT RESEARCH PARTICIPANT INFORMED CONSENT FORM**

**Brief Description**

The purpose of this research is to investigate *(briefly state your research objective)*. Individuals who volunteer to participate in this study will *(briefly state the main thing(s) participants will do to provide data used in your research)*. It will take about *(amount)* of your time. The risks to participants in this study may include *(briefly describe the risks or discomforts)*. There are no direct benefits or rewards for participants in this study. *(or* If you agree to participate, you will *state the direct benefit)*. **Please read the remainder of this form before deciding if you want to volunteer to be in this research study.**

My name is *(name of investigator)*, I am a/an *(undergraduate/graduate student, professor, etc.)* at the University of Mary Washington, and I am seeking your consent to participate in this research study. Involvement in the study is voluntary, so you may choose to participate or not. The information below explains the study in detail. Before volunteering, please ask any questions that you may have about the research; I will be happy to explain anything in greater detail.

**Details of Participant Involvement**

I am interested in learning more about *(explain the research topic and purpose)*. If you agree to participate, you will be asked to *(describe what the participant will be asked to do, what data you will be asking them to provide, and the relevant conditions under which data will be collected.)*

**Privacy and Confidentiality**

All information about participants will be kept *(either* confidential*, or* anonymous*)*. *(If confidential, add:* This means that I will assign a number or pseudonym to your data, and only I will have the key to indicate which data belongs to which participant. I will never reveal any information about you to anyone that would directly or indirectly enable you to be identified.*)* *(Or if anonymous, add:* This means that your name will not appear in any data collected or in any reports of this research, and neither I nor anyone else will be able to associate you with your data.*)* When the research is complete *(or* Within \_\_\_ years of completing the research*)*, I will destroy all participant data.

**Risks and Benefits of Participation**

The risks to you for participating in this study may include *(state the risks to participants).* These risks will be minimized by *(state the procedures you will use to minimize the risks).* If you should experience any difficulties during the study, please tell me immediately so that I may take appropriate action. The benefit of this research is that it may contribute to better general understanding of *(topic of research).* There are no direct benefits to you as a participant. *(or* *describe how participants may benefit directly).*

**Participant Rights**

You have the right to **ask any questions you have** before, during or after participation, and I encourage you to do so. If you do not want to be in this study, there will be no penalties or loss of benefits that you are entitled to. (*If appropriate, add:* If you volunteer to be in this study and later change your mind, you have the right to withdraw. You may withdraw by *(explain how, when, and what will happen to participant’s data)*. As a voluntary participant in this research, you have the right to refuse to perform any activities and answer any questions that I ask of you. This research has been approved by the University of Mary Washington Institutional Review Board, a committee responsible for ensuring that the safety and rights of research participants are protected. For information about your rights as a research participant, contact the IRB chair, Dr. \_\_\_\_name\_\_\_\_\_\_ (username@umw.edu).

**Contact Information**

For more information about this research before, during or after your participation, please contact me (username@umw.edu) or my university supervisor, Dr. \_\_\_\_name\_\_\_\_\_\_ (username@umw.edu). To report any unanticipated problems relating to the research that you experience during or following your participation, contact my university supervisor, Dr. \_\_\_\_name\_\_\_\_\_\_ (username@umw.edu).

***Before signing this form, please ask me any questions you have about participation in this study.***

**To be Completed by Participant**

I have read all of the information on this form, and all of my questions and concerns about the research described above have been addressed. I choose, voluntarily, to participate in this research project. I certify that I am at least 18 years of age.

Print name of participant

Signature of participant Date

*(Separate consent and signature is needed if any audio, video, digital, or image recordings of participants will be made. See the “To be Completed by Participant” section of the new (2019)* ***Adult Informed Consent Form Instructions****)*

**To be completed by Researcher**

I confirm that the participant named above has been given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered to the best of my knowledge and ability. A copy of this Consent Form has been provided to the participant, and I will keep the original for a minimum of three years.

Print name of investigator

Signature of investigator Date