*** Informed Consent Form***

**Protocol Title:***Place your title here*

**Please read this consent document carefully before you decide to participate in this study.**

**Purpose of the research study:** *Briefly describe using simple, straightforward language.*

**Who is conducting the study*:*** *Name the Primary Investigator and title, and student investigator(s).*

**What you will be asked to do in the study*:*** *Describe what you are asking the participant to do. This includes how you will collect data (e.g., interview, focus group, self-administered questionnaire), what topics will be included in the data collection, when and where data will be collected.*

**Time required:** *Specify the approximate amount of time required for participation and any information about scheduling, if relevant.*

**Access to Existing Records:** *State whether you are requesting access to any other information (e.g., education or medical records). \*Remove this section if you will not be requesting any information from records.*

**Risks and Benefits:** *Briefly explain possible risks and benefits to the subject, and/or to the field of study in general. If there are no risks, clearly state that. Benefits may include furthering knowledge of the topic under investigation.*

**Compensation:** There will be no compensation offered to any participants who take part in this study.

**Confidentiality:** *Your identity will be kept confidential to the extent provided by law. Only the Primary Investigator and the student researcher will have access to the interview/survey( choose one) you participate in. When the study is complete and data is analyzed, study findings will be presented only in summary form and your name will not be used in any report.*

**Anonymity:** *If you are offering anonymity, you should omit the section on confidentiality, and instead state:*

*Your identity in this study will be anonymous. It will not be possible to know who chose to participate in this study and who did not. It will also not be possible to know who completed which questionnaire.*

**Voluntary participation:** *Your participation in this study is completely voluntary. If you choose not to participate in this study, this will have no effect on the services or benefits you are currently receiving. You may refuse to answer any of the questions we ask you and you may stop or end the interview at any time.*

**Right to withdraw from the study:** *You may choose to stop participating in the study at any time. This will have no effect on the participant if he/she chooses to end participation.*

**Recording:**

*Sample wording if there will not be audio- or video-recording:*

There will be no audio- or video-recording.

*Sample wording if there will be* *audio- or video-recording:*

For interview:

*The participant will be audio-recorded if he/she chooses to allow it. It is not required for participation but is encouraged. The participant may request that the recording be stopped at any time during the interview, either permanently or temporarily. Only the principal and secondary investigators will have access to the recordings, stored in the primary investigator’s office and destroyed upon completion of research. No names or other information that could be used to identify the participant will be included in the typewritten version, or any names used will be disguised.*

**Who to contact if you have questions about the study:** *Primary Investigator contact information here.*

**Who to contact about your rights as a research participant in the study:**

Pamela Wyatt, Lone Star College System IRB Administrator

E-mail: IRB@lonestar.edu

**Agreement:**

**I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description*.***

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If recording is required for participation, add: I understand that this (interview/focus group) will be (audio-/video) recorded.*

*If recording is optional, add: I agree to allow this interview to be (audio-/video-) recorded. I understand that I may request that the recording be stopped at any time.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*If this study will be anonymous, do not include the signature lines. Instead, state****:***

*Your completion and return of the questionnaire indicates your consent to participate in this study.*