*** Informed Consent Form***

**Protocol Title:***Put your tile 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.*

**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).*

**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:** *Explain how confidentiality will be assured and maintained. State where the data will be stored and who will have access to the data. State who will be able to see the list linking names and study ID numbers. You may want to say something like:*

*Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number that is unique to this study. The list connecting your name to this number will be kept in a locked file and only the Study Director and other researchers involved in the study will be able to see the list or the interview you participated in. No one else will be able to see your interview or even know whether you participated in this study. When the study is completed and the data have been analyzed, the list will be destroyed. 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:** State that participation is voluntary and that there is no penalty for not participating. Describe the lack of penalty in terms that are relevant to your study. You may want to say something like:

*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. There will be no effect on the participant if he/she chooses to end participation.

**Recording:** *If you will be audio- or video-recording the interview or focus group you must state this. Also state whether agreeing to be recorded is required for study participation, or whether the participant can choose not to be recorded. Also state that the participant can request that the recording be stopped at any time during the interview or focus group, either permanently or temporarily, as appropriate to your study. State who will have access to the recordings, where they will be stored, and when they will be destroyed. State that they will not be used for any purpose other than the research study. If you will be transcribing the recording, state that a typewritten version will be created. State that no names or other information that could be used to identify the participant will be included in the typewritten version. State that anything that could possibly indicate the identity of the participant will not be included in the typewritten version or will be disguised.*

**Who to contact if you have questions about the study:** *Put your 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*.***

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

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

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

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

*If recording is used but is optional, add: I agree to allow this interview to be (audio-/video-) recorded. I understand that I can 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.*