**Marymount University Informed Consent for Participation in Research**

**Research Study Title**: *Insert study title here.*

**Researcher(s)**: This research is being carried out by *insert researcher(s) names, title(s), and affiliation(s) here.*

**Research Purpose**: The purpose of this study is to *insert purpose of project here as indicated in the IRB application form.*

**Study Expectations:** If you agree to participate in this study, here is what will be asked of you:

1. *Insert step by step procedures for participants as presented in the IRB application form here (you may or may not choose to number steps).*
2. *By reading this section of the consent form, participants should know* ***exactly*** *what is expected of them, including: (a) What are they being asked to do? (b) What is the time commitment? (c) When is their participation needed? (d) Where will the research take place?*

**Risks:** There is the risk that by participating in this study you will experience *insert any risks identified in the IRB application form here.* To minimize this risk, the researchers will *insert strategies used by researchers to minimize risks identified in the IRB application form here.*

*If there are multiple risks, you will need to state each risk and how researchers are minimizing each risk.*

*If this is a NO RISK study, include this statement under Risks: “We do not anticipate that participating in this study poses any risks greater than those encountered in day-to-day life.”*

**Benefits:** The benefit to you for your participation in this study is *insert benefit(s) identified in IRB application form here.*

*If there are NO direct benefits to participants, include this statement under Benefits: “There are no direct benefits to you; however, the results of this study will provide researchers a better understanding of (insert specific area of study).”*

**Compensation:** In return for your participation in this study, we offer you*insert compensation identified in IRB application form here.*

*If there is NO compensation for participation, include this statement: “There is no compensation for participation in this study.”*

**Privacy and Confidentiality:** If you agree to participate in this research we will protect your privacy (no one outside of the research team will know that you participated in this study). We will do this by *insert here the specific mechanisms by which you will protect privacy (e.g., “storing data on password protected computer of the primary researcher, accessible only to the PI”)*. We will also protect the confidentiality of your data (when we share study findings we will present the data in such a way that no one will be able to associate you with your data). We will do this by *insert here the specific mechanisms by which you will protect confidentiality (e.g., “only sharing the collective data of all participants together” or “de-identifying the data from participant names and storing the list of participants separate from the data”).*

*If privacy and confidentiality concerns are eliminated due to study design (e.g., anonymous survey), this section might read: “Because of the anonymous nature of this study, there are no privacy or confidentiality concerns. No one, including the research team, will know who does or does not participate in this study.”*

*Must have one of the following two statements if transitioned or approved after January 21, 2019):*

*1. A statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative, if this might be a possibility;*

***OR***

*2. A statement that the subject’s information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.*

**Sharing Study Findings:** The results of this study will be *insert anticipated mechanism of dissemination of research findings (e.g., conference presentation, academic journal article).*

**Voluntary Participation:** Taking part in this study is completely your choice. If you decide to participate, you are free to skip parts or stop participating at any time for any reason. Your participation or lack of participation will not affect your current or future relationship with the researcher(s) or with Marymount University.

**Questions:** Please ask any questions you have now before signing the consent form. If you have questions later, you may contact *insert the researcher(s) name(s) and contact information here, including email and/or phone.* If you have any questions or concerns regarding your rights as a participant in this research, you may contact Marymount University’s Institutional Review Board (IRB) via email, irb@marymount.edu, or phone, (703) 526-6898.

You will be given a copy of this form to keep for your records.

**Statement of Consent:**

I understand the above statements and all of my questions have been answered. I am at least 18, and freely consent to participate in the research as it has been explained to me.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you are applying for a waiver to document consent due to anonymous study design (see Worksheet for Informed Consent), signature and date lines will be replaced by Agree / Disagree buttons for online forms or by a statement that indicates completion of the data collection tool constitutes consent for the study.*

*This consent form will be kept by the researcher for at least three years beyond the end of the study and was approved by the Marymount IRB on insert date of IRB approval.*