**Informed Consent for Minimal Risk Studies with Adults**

**INSTRUCTIONS:**

Text in **RED IS MANDATORY** for the researcher to fill out. **Convert to black text when finished.**

*Text in blue is guidance text and should be deleted before submitting your IRB protocol.*

Text in BLACK should not be edited.

**[TITLE OF RESEARCH STUDY]**

*(Title should be the official title and match in all documents, and the Cayuse protocol)*

**PRINCIPAL INVESTIGATOR:** *Include name, department, office phone and e-mail address for the principal investigator (PI)* ***and student(s)*** *if the student(s) will be participant facing.*

You are being asked to participate in a research study. The purpose of the study is **[PURPOSE] Taking part in this study is voluntary, and choosing not to take part will not affect your standing in any employment, class or other.** The investigators will explain the study to you, and will answer any questions you might have.

This research is being funded by **[INSERT NAME OF SPONSOR]** *Delete this section if your study is unfunded.*

Your participation in this research study involves **[STUDY PROCEDURES]** *provide a general, concise summary of the procedures that will be done and include the duration of the subject’s participation,* involves questions such as *provide one or two example questions here*, and will take you approximately **[TIME COMMITMENT].**

It is your choice whether or not you take part in this study. If you agree to participate and then choose to withdraw from the study, that is your right, and your decision will not be held against you.

**AUDIO/VIDEO/PHOTOGRAPHY:** *DELETE THIS SECTION IF NOT USING*

[ ]  **I agree** to be *[choose audio recorded/video recorded/photographed as appropriate]* during the research study.

[ ]  **I agree** that the *[choose audio recorded/video recorded/photographed as appropriate]* can be used in publications or presentations.

[ ]  **I do not agree** that the *[choose audio recorded/video recorded/photographed as appropriate]* can be used in publications or presentations.

[ ]  **I do not agree** to be *[choose audio recorded/video recorded/photographed as appropriate]* during the research study.

The research team anticipates that this research will benefit **[INCLUDE POSSIBLE BENEFITS].**

This research study is not expected to pose any additional risks beyond what you would normally experience in your regular everyday life. However, the possible risks specific to this research study include **[POSSIBLE RISKS/DISCOMFORTS].** UNT does not provide medical services, or financial assistance for emotional distress or injuries that might happen from participating in this research. If you do experience any discomfort, please inform the research team If your need is urgent, helpful resources include:

*Please include 24 hour help resource information.* ***Please select the most appropriate resource based on your participant population and your study****. If the population studied are not all UNT staff and students, please provide a resource outside the UNT Campus resources. Examples may include, but are not limited to:*

* Denton County MHMR crisis hotline at 1-800-762-0157;
* UNT Mental Health Emergency line at 940-565-2741;
* Family Violence Shelter of Denton County Crisis Line at 940-382-7273;
* National Suicide Prevention Hotline at 988;
* UNT Survivor Advocate for students effected by Violence or Sexual Assault at 940-565-2648].

You will not receive compensation for participation. *Or, if compensation is to be provided, provide details here*

You will be compensated **$X**, in the form of a **[gift card, etc.]** at **[timeframe – e.g. immediately when your part in the study is complete]**. Internal Revenue Service (IRS) considers all payments made to research subjects to be taxable income. Some personal information, (name, address, and social security number) may be asked of you for this reason.

The research team will *choose one* – gather no identifiable information from you/ store your personal information in a separate and secure location away from your study data/ maintain your confidentiality in all publications/presentations to do with this research.

Access to research study and medical records, will be limited to people who have a need to review this information. All paper and electronic data collected from this study will be stored in a secure location on the UNT campus and/or a secure UNT server for at least three (3) years past the end of this research *or, describe location, such as a locked file cabinet, password protected computer in PI’s campus office, etc.*

The results of this study may be published and/or presented without naming you as a participant. *If you know that you intend to share identifiable data with individuals outside of the UNT research team, or use identifiable data for future studies, you must explain how it will be used or with whom the data will be shared.*

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records, as described here and to the extent permitted by law.

If you have any questions about the study, you may contact *insert research team names and contact information.* Any questions you have regarding your rights as a research subject, or complaints about the research may be directed to the Office of Research Integrity and Compliance at 940-565-4643, or by email at untirb@unt.edu.

**CONSENT:** *Please delete one – either the signature or the check box*

Your signature below indicates that you have read, or have had read to you all of the above.

Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.

**SIGNATURE OF PARTICIPANT DATE**

**\*If you agree to participate, please provide a signed copy of this form to the researcher team. They will provide you with a copy to keep for your records.**

***OR***

[ ]  I have read the consent information and agree to take part in the research