[Insert Study Name here and URIRB Study Number]

Consent Form

You are being asked to take part in a research study of [some topic]. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. If you have questions, please feel free to ask the researcher for more information.

**Purpose**

The purpose of this study is to learn more about [purpose of the work]. The study should take approximately [state time] to complete. If you agree to participate, you will be asked to [explain the procedures, briefly.]

***Note to researcher:*** *This section should be brief (2 or 3 sentences), but should be detailed enough so that participants know the procedures that will be followed, and if any are experimental. In survey or self-report studies naming each construct that is assessed is not necessary, but the consent form should clarify the general topics examined in any surveys they will complete—particularly if the subjects might consider the topics studied to be personally sensitive ones.*

**Contact Information**

This research is being conducted by [Name]. If you have any questions about the project, [Name] can be contacted at [indicate contact information].

**Possible Risks**

There is no more than minimal risk involved in participating in this study. That is, the risks for completing this study are no more than the risks experienced in daily life. If you do experience any discomfort during the study, remember you can stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

***Note to researcher****: All risks state in the IRB review form must be included here, in clear language.*

**Possible Benefits**

There are no direct benefits to you for participating in this project, but you may get some satisfaction from contributing to this investigation.

**Confidentiality of Records**

Reasonable steps will be taken to ensure that your individual results will remain confidential. However, as with any research process, the risk of a breach of confidentiality is always possible. Nevertheless, to the best of the investigators’ abilities, your answers in this study will remain anonymous and confidential. Once the study is completed, we will completely “deidentify” our data. All identifiers will be removed from the identifiable private information or identifiable biospecimens and only then will the the information be used for future research studies.

**Use of Information and Data Collected**

We will not tell anyone the answers you give us. Your responses will not be associated with you by name and the data you provide will be kept secure. What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

**Protections and Rights**

If you have any questions concerning your rights as a research participant, you may contact the Chair of the University of Richmond’s Institutional Review Board (IRB) for the Protection of Human Subjects of Research at (804) 484-1565 or irb@richmond.edu for information or assistance.

**Statement of Consent**

The study has been described to me and I understand that my participation is voluntary and that I may discontinue my participation at any time without penalty. I understand that my responses will be treated confidentially and used only as described in this consent form. I understand that if I have any questions, I can pose them to the researcher. I have read and understand the above information and I consent to participate in this study by signing below. Additionally, I certify that I am 18 years of age or older.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witnessing Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_