**RESEARCH PARTICIPANT CONSENT FORM**

[*insert* title of project - consent form title should match grant/contract title]

[*insert* Principal Investigator’s name]

[*insert* Academic Department]

**Keene State College**

**What is the purpose of this study?**

**What will I do if I choose to be in this study?**

**How long will I be in the study?**

**What are the possible risks or discomforts?**

**Are there any potential benefits?**

**What alternatives are available?** (This section is not required unless this is a treatment study.)

**Will I receive payment or other incentive?** (This section is not required unless participants will receive payments or other incentives for participation in the study.)

**Are there costs to me for participation?** (Required only if study involves possible costs to participants)

**What happens if I become injured or ill because I took part in this study?** (**This section is only required if this study is greater than minimal risk**.)

If you feel you have been injured due to participation in this study, please contact (provide the name, phone number and any other contact information of an individual associated with the research study who can be reached at all times). Keene State College will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

**Conflict of Interest Disclosure** (Required only if one or more research team members have a conflict or proprietary interest in the study)

The following disclosure(s) is(are) made to give you an opportunity to decide if this(these) relationship(s) will affect your willingness to participate in the research study.

**Will information about me and my participation be kept confidential?**

The project's research records may be reviewed by [the study sponsor/funding agency, Food and Drug Administration (if FDA regulated), Office for Human Research Protections (if federally funded)] and by departments at Keene State College responsible for regulatory and research oversight.

**Certificate of Confidentiality** (This section is required only if a Certificate of Confidentiality will be obtained for this study.)

**What are my rights if I take part in this study?**

Your participation in this study is voluntary. You may choose not to participate or, if you agree to participate, you can withdraw your participation at any time without penalty or loss of benefits to which you are otherwise entitled.

**Who can I contact if I have questions about the study?**

If you have questions, comments or concerns about this research project, you can talk to one of the researchers. Please contact (insert PI name and phone number plus any additional research personnel that participants may need to contact and their contact information. If more than one person is listed, please indicate the first point of contact).

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Office of Sponsored Projects and Research at (603) 358-2046, email (irb@keene.edu) or write to:

Office of Sponsored Projects and Research

Keene State College

115 Winchester Street

Keene, NH 03435-3510

**Documentation of Informed Consent**

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to participate in the research study described above. I will be offered a copy of this consent form after I sign it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant’s Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Researcher’s Signature Date

* The participant must sign and date the consent form. The only exception is if the study is granted a waiver of signed consent.
* The researcher’s signature, above, refers to the research team member who has obtained the participant’s consent. The researcher’s signature indicates s/he has explained the research to the participant (or the legally authorized representative when IRB approved) and has answered any of the participant’s questions