



## INFORMED CONSENT

(Specify type of consent form if more than one is used for the study)

Department of (Your Department Name Here)

- Include ALL topic headings.
- Use language appropriate for your target audience.
- Keep language as simple as possible (no higher than 8<sup>th</sup> grade reading level in most cases).
- Form must be written in the second person.

**TITLE OF STUDY:** *This should match the title listed on the Protocol Form.*

**INVESTIGATOR(S):** *Must include the PI at minimum.*

**CONTACT PHONE NUMBER:** *Include contact phone number and label whose number this is.*

### Purpose of the Study

You are invited to participate in a research study. The purpose of this study is ...

(Provide an explanation of the purpose of the research study. This should be similar if not the same as the purpose listed in the Protocol Proposal Form.)

### Participants

You are being asked to participate in the study because...

(Tell the participants exactly why they are being asked to participate in the research study. This section should contain inclusion/exclusion criteria as stated in Section 9.3 of the Protocol Form. This will aid the study subjects in deciding if they meet these criteria.)

### Procedures

If you volunteer to participate in this study, you will be asked to do the following:

(Provide a detailed description of what participants will encounter in the study, including time commitment.)

### Benefits of Participation

There *may/may not* (Choose one) be direct benefits to you as a participant in this study. (Benefits cannot be guaranteed in a research study. As an example, state: "There may be no direct benefits to you as a participant in this study. However, we hope to learn..." Do not include payment, incentives, or compensation as a benefit. If there *may be* benefits, please state what those benefits are. This should match Section 14 of the Protocol Proposal Form.)

### Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. (State the level of anticipated risks i.e., you may become uncomfortable when answering some questions or you may become tired after walking on the treadmill.) This should match Section 13 of the Protocol Proposal Form.

Participant Initials \_\_\_\_\_

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**Cost /Compensation**

There *will/will not* (Choose one. If you choose “will,” please describe the financial cost involved. This should match what is listed in Section 16.1 of the Protocol Proposal Form.) be financial cost to you to participate in this study. The study will take (Detail the minutes/hours/days it will cost the participant. This should match what you listed in Section 15.1 of the Protocol Proposal Form.) of your time. You *will/will not* (Choose one. If you choose “will,” please describe the compensation. Also please detail what will happen to the compensation if the subject does not complete the study.) be compensated for your time. If there is compensation, then the compensation listed here should match what is listed in Section 16.2 of the Protocol Proposal Form.

**Contact Information**

If you have any questions or concerns about the study, you may **contact** (name should include the PI at minimum) at **702-895-XXXX** (UNLV phone number) **do not use personal/home phone number**. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office for the Protection of Research Subjects at 702-895-2794**.

**Voluntary Participation**

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university. You are encouraged to ask questions about this study at the beginning or any time during the research study.

**Confidentiality**

All information gathered in this study will be kept confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for 3 years after completion of the study. After the storage time the information gathered will be... (Tell the participant what will happen to the information after 3 years, i.e., destroyed, kept for “x” amount of time, etc.) The time listed and the disposition of the data listed here should match Section 10.4 and 10.5 of the Protocol Proposal Form. If you are conducting a focus group or your research includes group participation, then you must include that confidentiality cannot be guaranteed within the group setting.

**Participant Consent:**

I have read the above information and agree to participate in this study. I am at least **18** (Age should match Section 9.2 of the Protocol Proposal Form) years of age. A copy of this form has been given to me.

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Signature of Participant

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Date

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Participant Name (Please Print)

Participant Initials \_\_\_\_\_

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**Audio/Video Taping:**

If your study includes the use of audio/video taping, you must include a separate signature line for the consent to audio or video tape. Use language similar to:

“I agree to be audio or video taped for the purpose of this research study.”

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Signature of Participant

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Date

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Participant Name (Please Print)

***Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.***  
This note should be included in all consent forms unless a Waiver of Documentation of Informed Consent has been approved.



Participant Initials \_\_\_\_\_