INFORMED CONSENT

Study Title:

Protocol Number:

Approval Date:

Principal Investigator:

Institution:

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

You are being asked to participate in a research project. The following information is provided to inform you about the research project and your participation in it. Please read this form carefully. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are free to withdraw from this study at any time with no penalty and no loss of benefits already earned. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision about whether or not to continue your participation.

1. Purpose of the study:

2. Description of procedures to be followed and approximate duration of the study:

3. Expected costs:

4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:

5. Compensation in case of study-related injury:

6. Anticipated benefits from this study:

a) The potential benefits to science and humankind that may result from this study include:

b) The potential benefits to you from this study include:

7. Alternative treatments available:

8. Compensation for participation:

9. Circumstances under which the Principal Investigator may withdraw you from study participation:

10. What happens if you choose to withdraw from study participation:

11. Contact Information: If you should have any questions about this research study or possible injury, please contact:

Principal Investigator:

Contact Information:

Faculty Advisor:

Contact Information:

For additional information about giving consent or your rights as a participant in this study, please contact the Middle Tennessee State University (MTSU) Office of Compliance at 615-494-8918 or via email at irb\_information@mtsu.edu. (http://www.mtsu.edu/irb)

12. Confidentiality: All efforts, within reason, will be made to keep the personal information in your research record private, but total privacy cannot be promised. Your information may be shared with people at MTSU (such as the MTSU Institutional Review Board) or other agencies (such as the Federal Government Office for Human Research Protection) if you or someone else is in danger or if we are required to do so by law.

13. STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY

I have read this informed consent document and the material contained in it has been explained to me. I understand each part of the document, my questions have been answered, and I freely and voluntarily choose to participate in this study.

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Date Signature of participant

Consent obtained by:

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

Date Signature

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

Printed name and title

The items in the comment attached to the word “Extras” may be relevant to your particular research circumstance. If so, add them to the consent form above.

Extras