Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Review Board web site.

Substitute the appropriate study related wording below

Note that spelling and grammar must be correct before it is submitted for review and that the use first or second person must be used consistently.

When using this template, add all information related to you study. Remove all sections that are not applicable. Then, highlight the remaining sections by removing all “*italics”* and “underlined” formats and switch text from “blue” highlighting to “black”.

Investigators are advised to review the [general instructions and helpful hints](http://research.umbc.edu/umbc-irb-consent-form-instructions/)to create a consent form and the guide that explains [each section of the form.](http://research.umbc.edu/umbc-irb-consent-document-section-explanations/)

**Please go to UMBC** [**IRB website**](http://research.umbc.edu/institutional-review-board-human-subjects/) **for all up-to date guidance and information regarding the below questions.**

When using this template, add all information related to you study. Remove all sections that are not applicable. Then, highlight the remaining sections by removing all “*italics”* and “underlined” formats and switch text from “blue” highlighting to “black”.

**Whom to Contact about this study:**

Principal Investigator: *Name(s)*

Department: *Department(s)*

Telephone number: *Phone number*

***Title of Protocol***

1. **INTRODUCTION/PURPOSE:**

I am being asked to participate in a research study. The purpose of this study is to *(describe purpose)*. I am being asked to volunteer because *(cite why persons/groups are being included)*. My involvement in this study will begin when I agree to participate and will continue until *(cite approximate end date)*. About *(approximate number)* persons will be invited to participate.

1. **PROCEDURES:**

As a participant in this study, I will be asked to *(describe step by step procedure)*. I will be asked to come to the *(location)*. My participation in this study will last for *(describe time period, number of visits, and if audio or video recording or detailed note taking will occur. If applicable, state that no personal identifying information will be written with responses to the questions.)*

1. **RISKS AND BENEFITS:**

My participation in this study does not involve any significant risks and I have been informed that my participation in this research will not benefit me personally, but *(describe if results or outcome of study will benefit others, the community or society.)* **OR state** I have been informed that participation in this study may involve the following risks *(describe)* I have also been informed that my participation in this research will not benefit me personally, but *(describe if results or outcome of study will benefit others, the community or society.)*

1. **CONFIDENTIALITY:**

Any information learned and collected from this study in which I might be identified will remain confidential and will be disclosed ONLY if I give permission. The investigator (s) will attempt to keep my personal information confidential.  To help protect my confidentiality*, [include a description of the procedures to maintain the confidentiality of the data, e.g. having locked filing cabinets and storage areas, describe physically where data will be stored (when applicable), using identification codes only on data forms, and using password-protected computer files].*

Only the investigator and members of the research team will have access to these records. If information learned from this study is published, I will not be identified by name. By signing this form, however, I allow the research study investigator to make my records available to the University of Maryland Baltimore County (UMBC) Institutional Review Board (IRB) and regulatory agencies as required to do so by law.

Consenting to participate in this research also indicates my agreement that all information collected from me individually may be used by current and future researchers in such a fashion that my personal identity will be protected. Such use will include presentations at scientific or professional meetings, publishing in scientific journals, sharing anonymous information with other researchers for checking the accuracy of study findings and for future approved research that has the potential for improving human knowledge.

**Specific types of research may require the following statements for consent documents:**

**Include for anonymous surveys, state that** “the surveys are anonymous and will not contain information that may personally identify me”.

**Include for coded identifiable information, state that** “if applicable (1) my name will not be included on the surveys and other collected data; (2) a code will be placed on the survey and other collected data; (3) through the use of an identification key, the researcher will be able to link my survey to my identity; and (4) only the researcher will have access to the identification key.”

**Include if using recording instruments:**

 I give permission to record my voice or image **(OR, if applicable)** and use in scientific publications or presentations.

 I do not give permission to record use my voice or image **(OR, if applicable)** and use in scientific publications or presentations.

**When conducting focus groups, either exempt or expedited review, include this wording**

Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

**For focus group research that is above minimal risk (full board research), it may be necessary to include a statement of non-disclosure that participants would agree to in the informed consent.**

**Non-Disclosure Statement:**

\_\_\_\_I agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group session.

If you cannot agree to the above stipulation

**Include if performing research when participants are likely to reveal reportable activities (for example, child abuse):**

Although my confidentiality in this study is protected, confidentiality may not be absolute or perfect. If the investigators have reasonable cause to believe or suspect that a child has been abused or neglected or if the investigator observes any child being subjected to conditions that would reasonably result in abuse or neglect, they are required by Maryland State law and University System of Maryland policy to file a report with the *[specify the locality]* police department or *[specify the locality]* department of social services and the UMBC President's Designee for the [USM Policy on the Reporting of Suspected Child Abuse and Neglect](http://umbc.edu/ogc/hr/faq_usm.html). Similarly, if I report abuse that has happened in the past, the interviewer will also have to file a report.

**Include if performing research when participants are likely to reveal illegal activities but a Certificate of Confidentiality will not be acquired**:

In this study, I will be asked about *[specify illegal activity].*  The researchers will keep information about me as confidential as possible, but complete confidentiality cannot be guaranteed.  On rare occasion, the courts have subpoenaed research records.

**Include if performing research subjects are placed at risk when they are asked about possible illicit drug use or other illegal activities and a Certificate of Confidentiality has been obtained:**

In this study, I will be asked about illegal activities or highly personal behavior.  The principal investigator has obtained a Certificate of Confidentiality from the federal government.  My study records cannot be subpoenaed (released to courts at their request), and the investigator(s) will only release my study records if I ask in writing.

1. **SPONSOR OF THE RESEARCH:**

*(Name of external sponsor)* is the sponsor of [or "is funding"] this research study. **[If there is no sponsor, delete this section]**

1. **COMPENSATION/COSTS:**

My participation in this study will involve no cost to me. I will be *(paid for my participation – state in $$ cash or $$ gift card -* ***or*** *receive reimbursement for the cost of parking* ***or*** *receive course credit).*

1. **EXPLANATION OF TREATMENT AND COMPENSATION FOR INJURY**:

If I suffer from an injury as a direct result of this research, medical care may be obtained by me in the same manner as I would ordinarily obtain medical treatment. No provision has been made for financial payments or other forms of compensation (such as lost wages, medical cost reimbursement, lost time or discomfort) with respect to such injuries. However, I do not waive any legal rights by signing this consent form. **[Use this statement only if research is determined as “more than minimal risk” – DELETE IF NOT REQUIRED.**

1. **CONTACTS AND QUESTIONS:**

 The principal investigator(s), *(name of principal investigator or group. List faculty advisor or student researcher, if applicable)* has offered to and has answered any and all questions regarding my participation in this research study. If I have any further questions, I can contact *(name of principal investigator or group. List faculty advisor or student researcher, if applicable)* at (phone , email address).

 If I have any questions about my rights as a participant in this research study, contact the Office of Research Protections and Compliance at (410) 455-2737 or

compliance@umbc.edu.

1. **VOLUNTARY PARTICIPATION**

I have been informed that my participation in this research study is voluntary and that I am free to withdraw or discontinue participation at any time. **[Include if there are alternatives other than participating. Otherwise delete.]** Instead of being in this research study, my choices may include: **[List alternatives procedures. For student participant pools describe alternatives for course credit.]** If I withdraw from this research study, I will not be penalized in any way for deciding to stop participating **OR** lose any benefits to which I am otherwise entitled. **delete this wording ONLY if research provides benefit]**. I have been informed that data collected for this study will be retained by the investigator and analyzed even if I choose to withdraw from the research. If I do choose to withdraw, the investigator and I have discussed my withdrawal and the investigator may use my information up to the time I decide to withdraw.

***I will be given a copy of this consent form to keep.***

1. **SIGNATURE FOR CONSENT**

The above-named investigator has answered my questions and I agree to be a research participant in this study.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(consent form template) – 10/12/2017

compliance@umbc.edu