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.

Remove all italics highlighting

Delete these highlights and this page in your final submission

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.**

**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)*.

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).* Any information collected from this study will be collected anonymously (*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. There is no way for us to find out who you are, and your data will not be shared with any other parties under any circumstance.

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.***

(samplewordingfor consent document for anonymous surveys) – 10/12/2017