



DILLARD
UNIVERSITY

Enter the Name of Your College

Enter Your Department Name

This is a sample of what to include. Format not mandatory. **Please edit as appropriate to your research.**

Note: If you choose to use this model:

- (1) Remove instructions for each numbered item and edit the wording as appropriate for your research.
PLEASE NOTE: The consent should be written to the participants for their understanding.
For example, instead of saying "participants will..." you should say "you will..."
- (2) Modify the title
- (3) Delete sections that are not applicable to your research.
- (4) Be sure format is consistent (e.g., font, text size, text should be black not red)

Informed Consent for Project Title

1. Identify who you are, your relationship to Dillard University, and why you are doing this research.
2. Purpose of the Study: The purpose of this research is to...
3. Procedures to be followed: Participation in this research will include completion of...
4. Discomforts and Risks: **Include all possible risks, including minor issues such as embarrassment or dealing with sensitive issues. If the possibility of injury exists, physical or psychological, include this statement:** "I understand that medical care is available in the event of injury resulting from research but that neither financial compensation nor free medical treatment is provided." **Referral information (including a phone number) for those who wish to seek assistance should also be included (e.g. Counseling Center, Health Services). The statement should not read there is no risk (If risks are believed to be comparable to risks experienced on a daily basis, then mentioned as such).**
 - **For virtual (internet based) interviews:** We are careful to ensure that the information you voluntarily provide to us is as secure as possible; however, you must be aware that transmissions over the Internet cannot be guaranteed to be completely secure. Your confidentiality will be maintained to the degree permitted by the technology being used. You will be subject to the privacy policy of [INSERT the third-party service used to collect this data-ie. Zoom, Google Hangouts, etc.].
 - **For research requiring in person contact with participants:** Precautions will be taken in accordance with current Dillard University policies to reduce the risk of the spread of communicable diseases (including COVID-19). You have the right to request specific Covid-19 safety measures and we will accommodate as many as possible. We will tell you before you begin participation in any measures we cannot accommodate. Consenting to participate in this research indicates your acknowledgement of the risk of disease transmission. You also acknowledge your requirement to notify the researchers in the event that you test positive for

COVID within 5 days prior, are symptomatic prior to or at the time of participation or receive a positive COVID test within 5 days after participation.

5. Benefits:
 - a. The benefits to you as a participant include...
 - b. The benefits to society include...
6. Duration/Time required from the participant:
7. Statement of Confidentiality (e.g., Who will have access to their information and how will it be maintained. When will it be discarded? Note: data must be maintained in a secure location for a minimum of 3 years following completion of the study)
8. Future use of data: Will the data be discarded after analysis or maintained for future use in either an identifiable or de-identified fashion? Recommended Language: “Deidentified or coded data from this study may be placed in a publicly available repository for study validation and further research. You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.”
9. Right to Ask Questions: Participants have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher’s faculty advisor, whose contact information is located at the end of the informed consent. For questions concerning your rights as a research participant, contact Dillard University Institutional Review Board at irb@dillard.edu.
10. Compensation: Clearly identify any stipend, credit, or other incentive to participate. Explain any additional costs that may result from participation in the research. If applicable, you may need to include the following statement: “If you are an employee of Dillard University, the compensation you receive for participation will be treated as taxable income and therefore taxes will be taken from the total amount. If you are not employed by the University, total payments within one calendar year that exceed \$600 will require the University to annually report these payments to the IRS. This may require you to claim the compensation that you receive for participation in this study as taxable income.”
11. Voluntary Participation: Explain that the subjects don’t have to participate in this research; that they may end their participation at any time by telling the person in charge, not returning the instrument or other options; that they do not have to answer any questions they do not want to answer. (For juveniles in classroom settings, add that they may decide to stop working on the project at any time and discuss how they should communicate this to the researcher; also state what alternative activity is available to a juvenile if the research takes place in a classroom setting.)
12. Penalty: Advise the participant that there is no penalty for deciding not to participate in the study; They (or the juvenile) may decide at any time they don’t want to participate further and may withdraw without penalty or retribution. (For studies offering incentives and/or compensation, please describe how withdrawal will affect their compensation.)
13. HIPAA: *If the research collects data that falls under the HIPAA regulations, please go to the following site where additional information can be located on wording that will need to be included in the informed consent form: [HIPAA PLEASE NOTE: If your research project does not fall under the HIPAA regulations, please delete this statement \(13\). \(If a waiver of HIPAA authorization is applicable complete the waiver form in lieu of adding authorization language.\)](#)*

14. FERPA: *If the research uses student data that you have access to in a named fashion (including data you will de-identify for the study but that you can re-identify students from course records). Be specific in what you are asking for and how you will use the data. For example:*

“We ask that you allow us to look up your GPA so we can analyze the data with your current GPA. We will use your pre and posttests as well as excerpts from your journal reflections. We would like to use artifacts from your student work in this class as part of the data used in this study and in future scholarship but will remove your name and any other identifier from the data before using it as part of the study. Only the Primary Investigator and Faculty Advisor will have access to the data collected for this study. **You will not be identified by name in any reports using information obtained from this study.**”

15. Focus Group: *If the research gathers focus group data - Individuals participating in focus groups typically receive instructions about not disclosing the identity of other group members or statements made by members. The consent form also typically advises members participating in groups that the researcher cannot provide anonymity (because this depends on the actions of other group members). This risk should be addressed in the informed consent and any instructions you will give to your focus group members. The statement can be something along these lines:*

“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.”

16. General Data Protection Regulation (GDPR): *If the study collects data from participants who may be in the European Union/European economic area:* “Agreeing to be in this research study means you are giving us permission to collect and process your sensitive personal data while you are in Europe, as well as transfer your data, back to the United States, which has not received an adequacy decision under the GDPR. Giving consent here includes the collection and transfer of your personal data, including sensitive personal data, while in the EEA during the course of this study.”

17. Clinical Trial Research: *If the study contains a clinical trial - Mandatory language (21 CFR 50)* A description of this clinical trial will be available on <https://clinicaltrials.gov/>, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of results. You can search this website at any time. Records of the clinical trial and related research may be inspected by the FDA.

18. *If the study involves deception, the following statement must be included:* "Because the validity of the results of the study could be affected if the purpose of the study is fully divulged to me prior to my participation, I understand that the purpose of the study cannot be explained to me at this time. I understand that I will have an opportunity to receive a complete explanation of the study's purpose following my participation in the study."

19. *If you are a mandatory reporter, a version of the following statement may be required.* “All information will be treated confidentially. There is one exception to confidentiality that we need to make you aware of. In certain research studies, it is our ethical responsibility to report situations of child or elder abuse, child or elder neglect, or any life-threatening situation to appropriate authorities. However, we are not seeking this type of information in our study, nor will you be asked questions about these issues.”

20. *Select based on what is most relevant to your study:* You must be 18 years of age or older to consent to participate in this research study. **OR** I am asking your permission for your child to participate in this study and will provide him/her with a simplified “assent” letter/verbal description before enrolling them in this study.

You will be given a copy of this consent form to keep for your records. This project has been reviewed and approved by the DU Institutional Review Board under application number [REDACTED].

Title of Project: **ENTER TITLE OF PROJECT**

Principal Investigator: **PI Name, campus telephone (if available) and university email address**

Other Investigator(s): **Name, campus telephone (if available) and university email address**

Research Advisor: **Name, campus telephone, and university email address**

For participants to indicate their agreement to take part in the research, select **ONE** of the options below based on what is most appropriate for your research methodology (e.g., in-person vs online). Delete options not using.

Option 1:

If you consent to participate in this research study and to the terms above, please sign your name and indicate the date below:

Participant Signature

Date

Option 2 (Parental Consent):

If you consent to your child participating in this research study and to the terms above, please sign your name, indicate the date below, and print your child's name below:

Parent/Guardian Signature

Date

Print Name of Child

Option 3 (Online surveys):

Please select an option below to indicate whether you agree to participate in this research:

- Yes, I read the terms above and consent to participate in this research.
- No, I do not consent to participate in this research.

Option 4 (Paper Surveys):

Completion of the survey indicates your willingness to participate in this research.

Option 5 (Virtual Interviews):

This consent is being provided electronically. The researcher(s) will ask you to verbally consent before completing the interview. Participating in the interview indicates your willingness to participate in this research.