

## **INFORMED CONSENT FORMAT**

**Purpose:** The researcher should state, in as few words as necessary and in a manner which the subject will be able to understand, the purpose of his/her research. Usually, this may be done in one sentence, e.g., "The purpose of this research is..."

**Description:** The researcher should describe briefly the research in a manner which will assure that the subject understands what he/she is being asked to do. (If appropriate, also describe any after-effects which may occur if the subject participates in the project.) This will probably involve the inclusion of a few sentences (paragraph) depending on the complexity of the research.

**Other Points:** The researcher should include statements which provide additional information a subject should know in order to make an informed decision about his/her participation. The information necessary in this section will vary, depending on the nature of the project. Below is a list of some suggested statements which may be included. The following elements of consent are listed as statements for clarity; however, researchers may choose to incorporate the relevant points in a letter. The researcher may make changes including the addition of further statements, as necessary to explain adequately the project to the subjects.

1. I understand that the use of human subjects in this project has been approved by the CSC Institutional Review Board for the Protection of Human Subjects in Research.
2. I understand the scope, aims, and purposes of this research project and the procedures to be followed (including identification of any treatments or procedures which are experimental) and the expected duration of my participation.
3. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a subject in this research, have had them explained to me, and understand them.
4. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect me or others.
5. I have received a description of any alternative treatments that may be accrued from this research and understand how they may affect me or others.
6. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
7. I understand that my consent to participate in this research is entirely voluntary, and that my refusal to participate will involve no prejudice, penalty or loss of benefits to which I would otherwise be entitled.
8. I further understand that if I consent to participate, I may discontinue my participation at any time without prejudice, penalty, or loss of benefits to which I would otherwise be entitled.

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9. I confirm that no coercion of any kind was used in seeking my participation in this research project.
10. I understand that if I am injured or require medical treatment, I may seek treatment at the College Health Services Center regardless of my status at the College. If I have paid a student-health fee, I will not be billed for services. If I have not paid this fee, I will be charged for services rendered.
11. I understand that if I have any questions pertaining to the research, my rights as a research subject, or any research related injury, I have the right to call (name, telephone number) and be given the opportunity to discuss them in confidence.
12. I understand that I will (or will not) be provided financial incentive for my participation by Castleton State College. (Note: if incentive is to be provided, the kind, amount, and conditions should be stated here.)
13. I understand that any information gained about me as a result of my participation will be provided to me at the conclusion of my involvement in this research project.
14. I certify that I have read and fully understand the purpose of this research project and its risks and benefits for me as stated above.

I, [name of subject] CONSENT/AGREE to participate in this research project.

I, [name of subject] REFUSE/DO NOT AGREE to participate in this project.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\*If subject is under the age of 18, or is incompetent to give consent, the investigator may be required to obtain the consent of parents or a legal guardian in addition to the subjects assent.