



Sample Consent Form

(Title of Study)

I, _____, agree to participate in the *(title of proposed study)* study conducted by *(name of Principal Investigator and institutional affiliation. If desired, may also include names and institutional affiliations of participating personnel)*. I understand that the purpose of this research is to study *(purpose of study)*.

As part of my participation in this research, I understand that *(statement of what the subject will be asked to do during the research. Include information on any procedures that are experimental). (If the research involves access to information about subjects other than through direct questioning or observation, include a sentence about the additional access.)* My time commitment is approximately *(amount of time)*. *(If relevant, include: I understand I will need to keep researchers informed of any changes in name, address, or telephone number.)* I understand that I am at risk for *(list of risks, if any. If there are no foreseeable risks, use instead the following sentence: I understand there are no foreseeable risks to my participation.)* I understand that this research may provide *(identify possible benefits to the subject and/or others. If relevant, include a sentence about compensation. If the subject is NOT likely to receive any direct benefit from their participation, it should be stated clearly.)*

I understand that my participation in this research is completely voluntary and that I may withdraw at any time without penalty. *(If relevant, include a sentence describing circumstances under which the subject's participation may be terminated.)* I understand that I may decline to participate in any activity or decline to answer any questions that cause me discomfort.

I understand that my name or identity will not be used in reports or presentations of findings of this research. Information I provide to researchers will be kept confidential, with the exception of the following, which must be reported under Massachusetts law: suspected cases of child or elder abuse and information that individuals intend to harm themselves or others.

I have read and understand this information and agree to participate in this study. I will be offered a copy of this document to keep.

Participant's signature

Date

Investigator's signature

Date

If you have questions or concerns about this research, please contact *(Name of Principal Investigator)* at *(include telephone number and, if desired, email address)*. If you have concerns about your treatment as a research participant, please contact the Institutional Review Board at Framingham State University, c/o Patricia Bossange, Office of Grants & Sponsored Programs, 508-626-4996, pbossange@framingham.edu.