**Informed Consent Form**

You are invited to participate in a study of [name or description of study]. We [I, if only one researcher] hope to learn [purpose of the study]. You were selected as a possible participant in this study because you are [selection criteria for participants].

If you decide to participate, you will [Explain exactly what the participant will do, how much time it will take, how often he/she will be needed to participate, etc. Also indicate if any recording (audio or video) will take place.] All data collected will be stored [indicate where you will store the collected data: password protected computer; locked file cabinet in a locked office at Fontbonne University; etc.]

There are certain potential benefits and risks associated with your participation in this research. The benefits are [name any potential benefits and risks]. Another benefit is [name any benefits to the greater community such as contributing to the knowledge about this topic.] The risks may be [name any risks – including being inconvenienced or feeling uncomfortable answering questions].

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. In any written reports or publications, you will not be identified or identifiable.

For your participation [Explain what the participant will receive as an incentive to participate.] - DO NOT USE PREVIOUS SENTENCE IF THE PARTICIPANT WILL NOT RECEIVE ANYTHING.

Your decision whether to participate will not affect your future relations with Fontbonne University [also name any other people or entities who/that may be involved with the study (ie., the researcher, professor, etc.)] in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationship(s).

If you have any questions, please ask us [use “me” if there is only one investigator]. If you have any additional questions later, please contact [principal investigator’s name] at [provide investigator’s contact information – usually an email; **NOTE: If the investigator is a student his/her faculty research advisor’s contact information must also be included.**], and we[I] will be happy to answer them.

You will be offered a copy of this form to keep.

++++++++++++++++++++++++++++++++++++++++++++++++++++++

You are making a decision whether to participate. Your signature indicates that you have read the information provided above, have had your questions answered, and you have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date

Revised July, 2020

Note: Questions and Concerns can also be referred to the IRB Committee Chair at: jfish@fontbonne.edu