Informed Consent Agreement

Please read this consent agreement carefully before you decide to participate in the study.

Concise Presentation of Key Information:
[Brief description of key information to assist in understanding the reasons why one might or might not choose to participate in the research, organized and presented in a way that easily facilitates comprehension]

Purpose of the research study:
[Brief description].

What you will do in the study:
[Brief description].

Time required:
The total time you will spend participating in this study is X minutes. This may be in one session lasting Y minutes, or in one or two P- to Q-minute sessions.

Risks:
There are no risks associated with this study.

Benefits:
There are no direct benefits to you for participating in the study. It is hoped, however, that information from this study may improve our understanding of … *[insert].*

Confidentiality:
The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report.

Voluntary participation:
Your participation in the study is completely voluntary.

Right to withdraw from the study:
You have the right to withdraw from the study at any time without penalty. Your data will be excluded and erased should you choose to withdraw.

How to withdraw from the study:
If you want to withdraw from the study, tell the experimenter quietly and leave the room. You will be debriefed if you withdraw from the study. There is no penalty for withdrawing. You will still receive *[compensation].*

Future Research
Collected samples/data [will not/may] be de-identified and used for future research or be given to another investigator for future research without additional informed consent.

Payment:
You will receive no payment for participating in this study.

[Include any applicable additional elements from the Informed Consent Checklist as needed]

Who to contact if you have questions about the study:
[PI name, title, address, phone & email]

Who to contact about your rights in the study:
Dr. Cecelia Miles, Chair, Institutional Review Board; Augustana University; 2001 S Summit Ave.; Sioux Falls, SD 57197. Phone: (605) 274-4496; Email: cmiles@augie.edu
Dr. Colin Irvine, Dean and Vice President of Academic Affairs; 2001 S Summit Ave.; Sioux Falls, SD 57197. Phone: (605) 274-5417; Email: colin.irvine@augie.edu

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Agreement:
I agree to participate in the research study described above.
Signature: _____**Date**: _____
Printed name: _____
You will receive a copy of this form for your records.