**Adult Informed Consent Template- Letter Style**

**FOR SOCIAL-BEHAVIORAL RESEARCH**

**Instructions: Fill in the information relevant to your study using the prompts in blue. Remove all text in red.**

It is very important to write your consent form in layperson’s language that can be easily understood by your participants. – an 8th grade reading level is recommended for the general population. This template includes language suggested by the IRB. Please adapt it as necessary to be sure your consent form explains your individual research clearly.

**DELETE all instructions** (including this section) and suggested language that is not applicable, then **UPLOAD a copy of the consent form to the IRB application exactly the way your participants will see it, all text in black.** This will be the official copy that must be used for all participants.

**Consent to Participate in Research**

You are invited to participate in a research study. This research, to be conducted by (name, title, department), [If student, add under the supervision of (name, title, department)], is designed to (briefly explain what the study is about in layperson’s language - but not in a way which might bias your participants).

Participation in this study will require about (amount of time; include details if there are multiple sessions or time commitments). As a participant in this research, you will be asked to (clearly explain exactly what you will do and what you expect your participants to do, including whether you will be audio or videotaping).

[For deception studies ONLY include: Research designs often require that the full intent of the study not be explained prior to participation. Although we have described the general nature of the tasks that you will be asked to perform, the full intent of the study will not be explained to you until after the completion of the study. At that time, we will provide you with a full debriefing which will include an explanation of the hypothesis that was tested and other relevant background information pertaining to the study. You will also be given an opportunity to ask any question you might have about the hypothesis and the procedures used in the study.]

**OPTION 1**: This research is anonymous. No information will be collected that could identify you.

OR

**OPTION 2**: I will keep your information strictly confidential. All notes and questionnaires will receive a code number and be kept separate from your signed consent form. The list which has your name and code number will be kept in [if a physical copy: a locked file in the (name of department) at the College of Charleston] [or if the coded list is electronic: secure electronic storage] and destroyed when the research is complete. At no time will you be able to be identified in any reports or publications which result from this research. [If data security breach is an identified risk: Describe the extent to which confidentiality of research records identifying the participant will be maintained. As appropriate, discuss privacy concerns during collection of the data, identifiers that will be recorded which may link the participant to the data, persons who will have access to the data, measures that will be followed to ensure security of the data, how data will be reported, and ultimate disposition of records.]

OR

**OPTION 3**: If you will be identifying people by name and/or title include the following. I will keep your information strictly confidential. However, if you are willing to permit me to quote you in the report of my research, please check the item just above the signature line. [If appropriate add: You will be given an opportunity to review the section of my report in which your quote appears before completion of my research.]

[If the participants will be audio or video recorded, add

The (audio or video) tape will be destroyed after it is transcribed.

OR

The (audio or video) tape will be kept for (amount of time and location) for use in this research only OR for future research use OR for educational purposes.]

**OPTION 1:** Although it is not anticipated that you will benefit directly through your involvement in this study, this research is expected to benefit (define the larger population) by (describe potential benefits to the larger population)**.**

OR

**OPTIONS 2:** Benefits that you may experience through participation in this study include (describe potential benefits to the individual research participant, including any compensation to participant such as cash payment, gifts, free services, or extra credit in academic courses, and how it will be prorated if the participant withdraws).

[If no risks involved: I know of no risk or discomfort associated with this research.] [OR if there are risks, even if minor: (Explain potential risks and what remediation is available, for example, provide information about counseling services.)

Your participation is completely voluntary, and you may discontinue participation at any time. Your consent is voluntary and may be withdrawn at any time. [If appropriate add: Your decision to participate or not, or to discontinue participating, will not result in any loss of benefits to which you are entitled OR will not have any effect on your grades in this class.]

Your personal data collected for this research will be stored until (period for which the data will be stored OR if undetermined, method for determining length of data storage). Projected future use of your personal data includes (details about any projected future use).

If you have any questions concerning this research study, please contact (name of PI) at (telephone number) or (email) [If PI is a student, add or my faculty advisor at (telephone number) or (email)]. You may also contact Research Protections & Compliance on the Office of Research and Grants Administration, at 843-953-5885 or email compliance@cofc.edu if you have questions or concerns about research review at the College of Charleston or your rights as a research participant. You will be given a copy of this form to keep.

**OPTION 1**, if the research requires expedited or full board review**: This research study has been approved by College of Charleston Institutional Review Board for the Protection of Human Research Participants and covers all relevant requirements of the EU General Data Protection Regulations.**

OR

**OPTION 2,** if the research qualifies under one of the EXEMPTION CATEGORIES: **This research has been reviewed by the Human Research Protections Program at the College of Charleston and covers all relevant requirements of the EU General Data Protection Regulations.**

**OPTION 1: ORAL CONSENT** (do not include signature lines): I understand that my completion of the interview OR survey OR questionnaire OR (specify) signifies my consent to participate in this research project.

OR

**OPTION 2: SIGNED CONSENT**:

I have read this consent form, and I agree to participate in this research study [if appropriate, add and certify that I am at least 18 years old.]

OR

The information in this consent form has been explained to me, and I have been given the opportunity to ask questions [if appropriate, add and certify that I am at least 18 years old.]

[If appropriate, add: In any reports or publications which result from this research,

I permit you to quote me \_\_\_ Yeso \_\_\_ No

AND/OR

You may use \_\_\_my name, \_\_\_ job title, \_\_\_pseudonym or \_\_\_other identifier (specify appropriate identifier)

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

Printed Name of Participant

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

Signature of Participant Date

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

Signature of Person Obtaining Consent Date

[OPTIONAL: If you would you like to receive a copy of the results of this study, please print your contact information (mailing address or email):]