

SAMPLE CONSENT FORM-TO BE REVISED AS NEEDED

ADULT (18 or older)

(Departmental letterhead recommended, but not mandatory)

I agree to participate in the research project titled (insert title) being conducted by (insert researcher(s) name(s)), a (faculty member) (graduate student) at Northern Illinois University. I have been informed that the purpose of the study is (briefly state objective(s), in lay language).

I understand that if I agree to participate in this study, I will be asked to do the following: (describe nature and duration of subject's involvement, e.g., completing questionnaires, etc.)

I am aware that my participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact (list researcher's name and phone number and, if student research, faculty advisor's name and phone number). I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8524.

I understand that the intended benefits of this study include (explain benefits the subject may personally incur as well as benefits to a body of knowledge).

I have been informed that potential risks and/or discomforts I could experience during this study include A, B, C... (list any reasonably foreseeable risks). I understand that all information gathered during this experiment will be kept confidential by ( explain the extent to which confidentiality of records and/or anonymity of subjects will be maintained including the procedures for maintaining confidentiality); however, I also understand that, when participating in a focus group, confidentiality among the members of the group cannot be guaranteed.

I realize that Northern Illinois policy does not provide for compensation for, nor does the University carry insurance to cover injury or illness incurred as a result of participation in University sponsored research projects. **(Use only if applicable -** and include an explanation as to whether any medical treatments will be available if injury occurs, and if so, what they consist of, or where further assistance may be obtained.)

I understand that my consent to participate in this project does not constitute a waiver of any legal rights or redress I might have as a result of my participation, and I acknowledge that I have received a copy of this consent form.

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Signature of Subject Date