Directions to the researcher: fill in shaded portions with your details. Delete all instructions/sample language and shading. Do not delete any section.
The form MUST appear exactly as participants will see it

University of San Diego
Institutional Review Board

Research Participant Adult Consent Form

For the research study entitled:
Fill in the title of your study here

I. Purpose of the research study

(Researcher's name) is a (professor, student) in the (name of researcher's school/college) at the University of San Diego. You are invited to participate in a research study he/she is conducting. The purpose of this research study is: (fill in the purpose of your study in LAYPERSON'S terms. Example: "to explore how people cope with cancer.")

II. What you will be asked to do

If you decide to be in this study, you will be asked to:
(fill in ALL the activities that you are asking participants to do. Include the number/type of questions you will be asking.
Examples:
"Complete three questionnaires that ask you questions about your age, ethnicity, and what ways you use to cope with anxiety."
"Participate in a focus group discussion about how you make decisions about choosing healthy foods."
"Participate in a private interview about your experience of being a graduate student."
If applicable, add: You will be audio and/or video recorded during this interview.

Your participation in this study will take a total of _____ minutes/hours.

III. Foreseeable risks or discomforts

You MUST state ONE of the following:
If you are asking questions that have any possibility of negative feelings or emotions, choose (b).
IF YOUR STUDY QUALIFIES FOR MORE THAN MINIMAL RISKS, CONSULT YOUR IRB REPRESENTATIVE.

a) This study involves no more risk than the risks you encounter in daily life.

b) Sometimes when people are asked to think about their feelings, they feel sad or anxious. If you would like to talk to someone about your feelings at any time, you can call toll-free, 24 hours a day:
San Diego Mental Health Hotline at 1-800-479-3339
(This should be a phone number that is **LOCAL** for your participants.)

THE ABOVE IS APPROPRIATE FOR MOST QUESTIONNAIRE RESEARCH AT USD. HOWEVER, YOU MUST LIST ALL POSSIBLE RISKS- INCLUDING HEMATOMA FOLLOWING A VENIPUNCTURE- IF APPLICABLE. YOU MUST THEN STATE YOUR PLAN FOR MINIMIZING/RESPONDING TO EACH OF THESE RISKS. IF YOUR STUDY QUALIFIES FOR FULL REVIEW STATUS WITH MORE THAN MINIMAL RISKS, CONSULT YOUR IRB REPRESENTATIVE.

IV. Benefits

While there may be no direct benefit to you from participating in this study, the indirect benefit of participating will be knowing that you helped researchers better understand (fill in your study topic in LAYPERSON'S terms.)

IF YOUR STUDY INCLUDES A TREATMENT INTERVENTION FOR A CONDITON/DISEASE, YOU MUST INCLUDE THE FOLLOWING PARAGRAPH. DELETE THE FOLLOWING PARAGRAPH IF NOT APPLICABLE.

Alternatives

Your alternatives to participating in this study include receiving the standard care for (fill in condition/disease), which consists of (fill in standard care for condition/disease).

V. Confidentiality

Any information provided and/or identifying records will remain confidential and kept in a locked file and/or password-protected computer file in the researcher's office for a minimum of five years. All data collected from you will be coded with a number or pseudonym (fake name). Your real name will not be used. The results of this research project may be made public and information quoted in professional journals and meetings, but information from this study will only be reported as a group, and not individually.

The information or materials you provide will be cleansed of all identifiers (like your name) and *(Researcher: choose **ONE**:* **may /may not)** be used in future research.

VI. Compensation

(Researcher: You MUST state ONE of the following: either (a) or (b)- omit the choice not used.)

a) You will receive no compensation for your participation in the study.
OR
b) If you participate in the study, the researcher will give you (fill in the compensation) in the following way: (personally, via mail, etc.)

You will receive this compensation even if you decide not to complete the entire (fill in: interview session, questionnaire, etc.)

VII. Voluntary Nature of this Research

Participation in this study is entirely voluntary. You do not have to do this, and you can refuse to answer any question or quit at any time. Deciding not to participate or not answering any of the questions will have no effect on any benefits you're entitled to, like your health care, or your employment or grades. **You can withdraw from this study at any time without penalty.**

VIII. Contact Information

If you have any questions about this research, you may contact either:
(*Researcher: You MUST fill in two contacts with USD email information).*

1) (Name of Principal Investigator)
USD Email:

2) (Name of Additional Contact)
(Researcher: If you are a student, LIST YOUR FACULTY ADVISOR. If you are a faculty, list another contact such as your department or a co-investigator.)
USD Email:

(Researcher: If you have requested a waiver of signed consent in your application, remove the signature lines.)

I have read and understand this form, and consent to the research it describes to me. I have received a copy of this consent form for my records.

Signature of Participant Date

Name of Participant (**Printed**)

Signature of Investigator Date