

**APPENDIX D**

**FORM D**

**CONSENT FORM TEMPLATE**

**[Insert Title of Study and "Consent Form"]**

*Please Note: Unless required by your research sponsor, EXEMPT research does NOT require a CONSENT FORM for participants. However, a "Letter to Participants", informing them about their participation, and including the issues covered in this consent form template, must be developed and submitted at the time of IRB application.*

**You are invited to be in a research study of [insert general statement about study]. You were selected as a possible participant because [explain how person was identified]. We ask that you read this form and ask any questions you may have before agreeing to be in the study.**

**This study is being conducted by: [Indicate affiliation (Clark Atlanta University)]**

**Background Information:**

**The purpose of this study is: [Explain research question and purpose in simple language].**

**Procedures:**

**If you agree to be in this study, we would ask you to do the following things. [Explain tasks and procedures; participants should be told about assignment to study groups, length of time for participation, frequency of procedures, etc.]**

**If there will be payment or other compensation (raffle, credits etc.), please explain it here and list disbursement schedule (if any).**

**Risks and Benefits of Being in the Study:**

**The study has several risks. First, \_\_\_\_\_, Second, etc.**

**Risk must be explained, including the nature of the risk. If there are significant physical, psychological, social, or economic risks to participation, the participant should be told under what condition the researcher will terminate the study.**

**If there is a physically invasive procedure, or an exercise component to this research, where there is even a slight risk of injury, the following statement must be included in the consent form:**

**In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed.**

Payment for any such treatment must be provided by you or your third party payer, if any, (such as health insurance, Medicare, etc.) [Omit this section if there is no physical risk involved in the study objective.]

The benefits to participation are: [Benefits may be to the participant, the community, and/or to general knowledge. Payment is not considered a benefit and must be listed under the procedures section. ]

**Confidentiality.**

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be kept in a locked file; only the researchers will have access to the records. [If tape recordings or videotapes are made, explain exactly who will have access, if they will be used for educational purposes, and when they will be erased.] Researchers must also address the destruction of data within this section (how and within what time period).

**Voluntary Nature of the Study.**

Your decision whether or not to participate will not affect your current or future relations with the researcher, or Clark Atlanta University [or with other cooperating institutions, insert names]. State the voluntary nature of the research participation, the freedom to withdraw at any time without affecting those relationships previously identified. [Explain here if monetary benefits will be adjusted due to early withdrawal. Also explain how participants may withdraw from the study, and what would be done with their data if they decide to withdraw.]

**Contacts and Questions:**

The researchers conducting this study are (state all and give contact information)

\_\_\_\_\_ and  
\_\_\_\_\_.

You may ask any questions you have now. If you have questions later about the research, you may contact the researcher(s) at: Phone: ( \_\_\_\_\_ )\_\_\_\_\_ [If the researcher is a student, include advisor's name and telephone number here.]

If you have any questions now, or later, related to the integrity of the research, (the rights of research subjects or research-related injuries, where applicable), you are encouraged to contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404 880-6979) or Dr. Paul I. Musey, (404) 880-6829 at Clark Atlanta University.

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Children under the age of eight (8) require the permission of their parent(s) or legal guardians to participate in any type of research; those over the age of eight (8) require permission from their parent(s)/legal guardian, in addition to their Assent to participation.**

**PLEASE consider the attainment of informed consent as a process within the research design that requires your attention. The consent/assent forms that are approved by the IRB committee will be stamped as such and returned to the researcher and must be utilized throughout the research study.**