

**SAMPLE INFORMED CONSENT FORMS**

**(Note: This format is suggested by the IRB)**

Project Title:

Investigator:

(Include name, department, and phone number of contact person)

You are being asked to participate in a research project conducted through Baker College (and, if applicable—any other cooperating institution). The College requires that you give your signed agreement to participate in this project.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, the expected duration or frequency of your participation, and the potential benefits and possible risks of participation. You may ask him/her any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have.

If you decide to participate in the project, please sign on the last page of this form in the presence of the person who explained the project to you. You will be given a copy of this form to keep.

Refusal to participate in this study will have no effect on any future services you may be entitled to from the College. Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

[To the Primary Investigator: Please use the second person “you” when completing the following explanations and use appropriate language no higher than the 7th grade level.]

1. **Nature and Purpose of the Project:**
2. **Explanation of Procedures:**
3. **Identification of Any Experimental Medical Treatments or Procedures:**
4. **Discomfort and Risks:**
5. **Benefits:**
6. **Confidentiality:**
7. **Explanation of compensation, if any: (If extra credit is being offered for participation in the research project, the amount of extra credit should be specified; an alternative project should be identified, requiring a comparable amount of student effort and offering a comparable amount of extra credit as the research project.)**
8. **Name of person to contact in case of research-related injury:**
9. **Name of person to contact in case of questions about your rights as a research participant: If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects’ Institutional Review Board at** **IRB@baker.edu**

I have read this form and I understand it. I understand that if at any time I become uncomfortable with this project I am free to stop my participation. I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

*Signature Date*

*Signature Date*



**OBTAINING ASSENT FROM CHILDREN OR MINORS --**

Parents, legal guardians, or a legally authorized official must sign consent forms permitting minors to participate in research projects. The Informed Consent Document for children or minors must be prepared with the same thoroughness as the Informed Consent Document for adults. An Informed Consent Document for children or minors must be completed by the child or minor’s parent/guardian.

Both children and minors are required to sign an “Assent” Form. The following are two samples of Assent Forms. Language must be simplified as appropriate for the age group used as subjects, such as:

**SAMPLE ASSENT DOCUMENT FOR RESEARCH INVOLVING MINORS**

**(Note: This format is suggested by the IRB)**

**CHILD/MINOR ASSENT FORM**

I, , understand that mom and dad have said it is okay for me to take part in a project about under the direction of . I am taking part because I want to. I have been told that I can stop at any time I want to, and nothing will happen to me if I want to stop.

 Signature Witness by Parent/Guardian

**\* \* \* \* OR \* \* \* \* \***

I, , understand that my parents have given permission for me to participate in a study concerning under the direction of . My participation in this project is voluntary and I have been told that I may stop my participation in this study at any time. If I choose not to participate, it will not affect my grade (treatment/care, etc., as appropriate) in any way.

 Signature Witness by Parent/Guardian

For children unable to read and sign written assent forms, a verbal script for assent should be submitted in lieu of the above.



**LETTER OF CONSENT**

**(REQUEST FOR WAIVER OF STANDARD INFORMED CONSENT FORM)**

 ***[Please follow the directions printed in red.]***

Dear ,

I am a [graduate] student under the direction of Professor **Insert faculty sponsor’s name here**, at Baker College of **[insert campus location here**] in the **[insert program title here]**. I am conducting a research study entitled **Insert the Project Title Here.** The purpose of the research is to **Insert a variation of the hypothesis statement or research question here**.

You are being asked to participate in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, it will not affect your [or your child’s] grade (treatment/care, etc.).The results of the research study may be published, but your [or your child’s] name will not be used. Your participation will involve **Insert a summary of the subject's role, including the expected duration of the subject's participation.**

Although there may be no direct benefit to you (or your child), the possible benefit of your participation is **Insert an explanation of the anticipated benefits of the study**.

**Insert an explanation of any anticipated discomfort or risks involved. Describe the procedures designed to minimize any risks.**

If you have any questions concerning the research study [or your child’s participation in this study],please call me [or Dr. **faculty sponsor**] at **Insert phone number**. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Institutional Review Board at IRB@baker.edu.

**If this is to be attached to an anonymous questionnaire, include**: Return of the questionnaire will be considered your consent to participate.

Sincerely,

**Insert Your Name, Title**

**Department**

\* \* \* \* Alternate closing for Parental/Guardian Consent \* \* \* \* \*

I give consent for my child/ward **Insert child's name** to participate in the above study.

Signature Date