**SAMPLE INFORMED CONSENT DOCUMENT (this same format could be used for an informational letter but without the signature line)**

**Title of Research project:** Add title of research here

**Researcher(s):** Add names and contact info for all researchers here

**Faculty Research Advisor:** Add his/her name and contact info here

Dear [simple target sample description; for example “Student” or “Registered Nurse”],

We are inviting you to be in a research study. The purpose of this consent form is to give you information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the purpose of the research, what I (we) would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. The process is called “informed consent.” We will give you a copy of this form for your records.

Your participation in research is voluntary and confidential. If you refuse to participate, there are no penalties or loss of benefits or services that you are otherwise entitled. Whether or not you choose to participate in this project will have no effect on your relationship with [state affiliate from where participants are being recruited here] or Daemen College now or in the future.

**1. DESCRIPTION OF RESEARCH PORJECT:**

The purpose of the study is to …

**2. EXPLANATION OF PROCEDURES:**

As a participant in this study, you would be asked to… (explain the participant’s role in particular)

**3. CONFIDENTIALITY *(or anonymity if applicable and appropriate):***

All information will be published in group form and there will be no publication that could link your participation with the data. Confidentiality of each participant will be maintained and no identifying data will be linked to the transcriptions. Any identifying information, such as this consent form, will be stored in a secure location separate from other data. All participants will be given codes so no names will be associated with any participant data. We will store de-identified data indefinitely.

**4. BENEFITS/COMPENSATION:**

There will be no direct benefits or compensation to you related to being a participant in this study.

**5. RISKS:**

There are no known risks to you beyond that encountered in usual daily life related to being a participant in this study. OR Potential risks related to being in this study include…

**6. REIMBURSEMENT FOR MEDICAL TREATMENT: - *include this as necessary***

Daemen College, its agents, its students, or employees do not compensate for or provide free medical care for human subjects/participants in the event that any injury results from participation in a human research project. In the unlikely event that you become ill or injured as a direct result of participating in this study, you will not receive compensation for any costs or related expenses, even if the injury is a direct result of your participation.

**7. RESEARCH PARTICIPANT’S STATEMENT:**

This study has been explained to me. I volunteer to take part in the research. I have had a chance to ask questions. If I have any questions later about the research, I can ask one of the researchers listed above. If I have any questions about my right as a research subject, I can contact the Human Subjects Committee (HSRRC) Chairperson at hsrrc.chair@daemen.edu or (716) 839-8517. I have received a copy of this consent form.

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Printed name of participant Signature of participant Date

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Researcher’s Signature Date

I agree to be contacted with a follow up phone call or interview. – *include as necessary*

Phone number to be used for follow up phone call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed name of participant Signature of participant Date

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Researcher’s Signature Date

***\*\*\*Parts highlighted in grey are optional depending on study design\*\*\****