

ANONYMOUS CONSENT FORM

[*customize sections in red to refer to information specific to your study*]

Northern Michigan University

*DEPARTMENT PROJECT TITLE*

*IRB APPROVAL NUMBER (when you receive it)*

Purpose of the research study:

The purpose of this research study is to *general description of the project – what are you doing and plan to learn*

What you will be asked to do in this study *give a general overview of the items expected of the participants. Keep this brief and non-technical so your subjects can understand it. Consider using a list if your study involves multiple steps.*

Incentive or Compensation:

*Clearly describe any costs associated with participation in the study for the subjects (Are there travel costs? Parking costs?) List any compensation the participants may receive for being part of the study.*

Confidentiality:

Your part in this study is anonymous. That means that your answers to all questions are private. No one else can know if you participated in this study and no one else can find out what your answers were. Scientific reports will be based on group data and will not identify you or any individual as being in this project. *If applicable, describe whether you are using an ID code number on an enclosed survey, and whether you will destroy the link between the code number and the person’s name after the study is over.* Your identity will be kept confidential to the extent provided by law. *Include the length of time the data will be stored and how long it will be used for research (this may be indefinite).*

Voluntary participation:

Your participation in this study is completely voluntary. You have the right to withdraw from the study at any time without consequence or penalty. You have the right to omit any questions or decline any procedures.

If you have any further questions regarding your rights as a participant in a research project you may contact Dr. Lisa Schade Eckert of the Human Subjects Research Review Committee of Northern Michigan University (906-227-2300) leckert@nmu.edu. Any questions you have regarding the nature of this research project will be answered by the principal researcher who can be contacted as follows: Dr. XXX (906-227-XXXX) XXXX@nmu.edu.

I have read the above “Informed Consent Statement.” The nature, risks, demands, and benefits of the project have been explained to me. I understand that I may ask questions and that I am free to withdraw from the project at any time without incurring ill will or negative consequences. I also understand that this informed consent document will be kept separate from the data collected in this project to maintain anonymity (confidentiality). Access to this document is restricted to the principal investigators.