

BROAD 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 identity will be kept confidential to the extent provided by law. *Explain whom will have access to the data. Explain how 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 Eckert of the Human Subjects Research Review Committee of Northern Michigan University (906-227-2300) [leckert@nmu.edu.](mailto: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.](mailto: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 principle investigators.

Future Research:

Future research studies may be conducted on the data we collect from you in this study. You will not be informed of the details of any specific research studies that might be conducted using the your identifiable private information or identifiable biospecimens, nor the purposes of that research.

* I consent to the data collected on me in this study to be used for future research, without my knowledge.

Participant’s signature

Date

***A copy of this form has been given to me*** Subject’s Initials

Email (optional):