

INFORMED 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)*

**What is the purpose of this study?** *State that the study involves research; explain in non-technical language the purpose of the research.*

**What will I do in this study?** *Describe the procedures to be followed and their purpose.*

**How long will it take me to do this?** *Describe the expected duration of participation.*

**Are there any risks of participating in the study?** *Describe any risks and/or discomforts that can reasonably be expected as a result of participating in this study.*

**What are the benefits of participating in the study?** *Describe any benefits to the subject, society, or both that can reasonably be expected from the research*

**Will anyone know what I do or say in this study (Confidentiality)?** *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).*

**Will I receive any compensation for participation?** *Describe the amount and nature of any compensation or fee to be paid to the participant for participating in the study.*

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.

*My signature below indicates that all my questions have been answered. I agree to participate in the project as described above.*

Signature of Parent/Guardian Date Signed

Name (printed)

***A copy of this form has been given to me.*** (initial)

**For the Research Investigator**—I have discussed with this subject the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

Signature of Responsible Investigator Date Signed