



Methodist College
UnityPoint Health

Methodist College

Institutional Review Board

Sample Consent Form

Instructions: This is a consent form template that may be used by researchers to obtain informed consent. Please provide information in the sections below with the appropriate information about your research protocol. If any sections do not apply to the research you will be conducting, delete those sections from the form.

I am/we are asking you to participate in a research study. This form is designed to give you information about this study. I/We will describe this study to you and answer any of your questions.

Project Title:

Principal Investigator:

Faculty Adviser

Supported By:

Financial Interest Disclosure:

Why am I being asked to take part in this research study?

What should I know about the research study?

Who can I talk to?

Why is this research being done?

How long will the research last?

How many people will be studied?

What will I be asked to do?

What happens if I say "Yes, I want to be in this research"?

What happens if I do not want to be in this research?

What happens if I say "Yes", but change my mind later?

Risks and discomforts

Benefits

What happens to the information collected for the research?

Will I have a chance to provide feedback after the study is over?

Can I be removed from the research without giving my ok?

What else do I need to know?

Use of Identifiable Health Information?

Alternatives

Audio/Video Recording

Optional Elements:

Consent Form

I agree

I disagree

The researcher may audio or video record me to aid with data analysis.

The researcher will not share these recordings with anyone outside the immediate study team.

I agree

I disagree

The researcher may audio or video record me for use in scholarly presentations or publications. My identity may be shared as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification.

I agree

I disagree

The researcher may contact me in the future to see whether I am interested in participating in other research studies by the principle investigator of this study.

CONSENT FORM

METHODIST COLLEGE INSTITUTIONAL REVIEW BOARD

(There are three sets of signature options listed below. Use the signature block appropriate for your study. Delete those that do not apply. Omit the signature page if there is no written documentation of consent)

Signature Block for Capable Adult

Your signature documents your permission to take part in this research.

| |
|-------------------------|
| Signature of subject |
| Printed name of subject |

| |
|------|
| Date |
|------|

| |
|---|
| Signature of witness to consent process |
| Printed name of person witnessing consent process |

| |
|------|
| Date |
|------|

Signature Block for Adult Unable to Consent

Your signature documents your permission for the named subject to take part in this research.

Printed name of subject

Signature of legally authorized representative

Date

Printed name of legally authorized representative

Signature of witness to consent process

Date

Printed name of person witnessing consent process

Signature Block for Children

Your signature documents your permission for the named child to take part in this research.

| | |
|--|---|
| Printed name of child | |
| Signature of parent or individual legally authorized to consent to the child's general medical care | Date |
| Printed name of parent or individual legally authorized to consent to the child's general medical care | <input type="checkbox"/> Parent <input type="checkbox"/> Individual legally authorized to consent to the child's general medical care (See note below) |

Note: Investigators are to ensure that individuals who are not parents can demonstrate their legal authority to consent to the child's general medical care. Contact legal counsel if any questions arise.

| | |
|------------------------|------|
| Signature of parent | Date |
| Printed name of parent | |

If signature of second parent not obtained, indicate why: (select one)

- | | |
|--|---|
| <input type="checkbox"/> The IRB determined that the permission of one parent is sufficient. <i>[Delete if the IRB did not make this determination]</i> | <input type="checkbox"/> Second parent is incompetent |
| <input type="checkbox"/> Second parent is deceased | <input type="checkbox"/> Second parent is not reasonably available |
| <input type="checkbox"/> Second parent is unknown | <input type="checkbox"/> Only one parent has legal responsibility for the care and custody of the child |

| | |
|---|------|
| Signature of witness to consent process | Date |
| Printed name of person witnessing consent process | |