**Signed Consent to Participate in Research**

**Would you like to be involved in research at the University of Oklahoma?**

I am {PI Name} from the {XX Department} and I invite you to participate in my research project entitled {research project name}. This research is being conducted at {enter the research site}. You were selected as a possible participant because {explain how the participant was selected}. You must be at least 18 years of age to participate in this study.

**Please read this document and contact me to ask any questions that you may have BEFORE agreeing to take part in my research.**

**What is the purpose of this research?** The purpose of this research is to (Briefly explain the research question and its purpose in lay language).

**How many participants will be in this research?** About (insert number of research participants, if appropriate report the total number of participants and also break out this number by subgroups of participants – example about 100 people will participate include 33 students and up to 67 of their parents and guardians) people will take part in this research.

**What will I be asked to do?** If you agree to be in this research, you will (Explain all the tasks/procedures the participant will complete during the research, frequency of procedures, etc. Also, describe any procedures that are experimental).

**Are there other options to complete my course’s research requirement?** (Include this section if the research involves participation in a student research pool where students have the option of a non-research assignment. Otherwise DELETE this section.) Yes, you have the option to (describe what other option the participant has to receive research or extra credit).

**How long will this take?** Your participation will take (Indicate the length of time of participation for each activity and the total for all activities in the project. Example: 30 minutes, 1 hour, or 4 visits for a total of 2 weeks. If applicable, also include anticipated circumstances under which the participant’s participation may be terminated by the investigator without regard to the participant’s consent).

**What are the risks and/or benefits if I participate?** (If there are no risks or benefits, enter “There are no risks and no benefits from being in this research.” If there are risks and/or benefits, list, in order of severity, any possible risks--physical, psychological, economical, etc. Include the likelihood of each and under what conditions the researcher will terminate participation or the research project. Describe the tangible benefits that are direct to the participant. Do not only list abstract benefits like learning about research or become clear about your personal beliefs. Do not include compensation such as course credit or receipt of $$ or other items of value as a benefit, instead use the compensation section which appears below.)

**What do I do if I am injured?** If you are injured during your participation, report this to a researcher immediately. Emergency medical treatment is available. However, you or your insurance company will be expected to pay the usual charge from this treatment. The University of Oklahoma Norman Campus has set aside no funds to compensate you in the event of injury.

**Will I be compensated for participating?** You (will/will not) be reimbursed for your time and participation in this research. [Include payment, reimbursement, class credit, etc. Explain when compensation will be given to the participant and conditions of receiving the compensation (e.g., if compensation will be pro-rated for participants who do not complete the entire research: “It is anticipated that participants will be able to withdraw at any time. For participants who have invested more than one hour in the research, it is anticipated that compensation will be pro-rated based on the time they have invested in the research”)].

**Who will see my information?** In research reports, there will be no information that will make it possible to identify you (if applicable, add without your permission). (If you want to report names or use direct quotes or attribution to individuals, retain contact information, you must include all appropriate check-offs under Waivers of Elements of Confidentiality). Research records will be stored securely and only approved researchers and the OU Institution Review Board will have access to the records. **(Delete this sentence if not applicable)** In addition, the (Insert the name of the sponsor that is funding your research if funding is dependent on the organization having access to research data. Do not list your faculty sponsor, dissertation committee or department name) will have access to the research records.

You have the right to access the research data that has been collected about you as a part of this research. However, you may not have access to this information until the entire research has completely finished and you consent to this temporary restriction.

**Do I have to participate?** No. If you do not participate, you will not be penalized or lose benefits or services unrelated to the research. If you decide to participate, you don’t have to answer any question and can stop participating at any time.

**Will my identity be anonymous or confidential? (Delete this section if not applicable)** Your name will not be retained or linked with your responses unless you specifically agree to be identified. The data you provide will be (enter either destroyed OR retained in anonymous form) unless you specifically agree for data retention or retention of contact information at the end of the research. Please check all of the options that you agree to:

I agree to being quoted directly. \_\_\_ Yes \_\_\_ No

I agree to have my name reported with quoted material. \_\_\_Yes \_\_\_ No

I agree for the researcher to use my data in future studies. \_\_\_Yes \_\_\_ No

**Will my personal records be accessed?** **(Delete this section if not applicable)** If you approve, your confidential records will be used as data for this research. The records that will be used include (list, by name, the specific confidential data that will be collected). These records will be used for the following purpose(s): (describe how data will be used in the research)

I agree for my records to be accessed and used for research purposes. \_\_\_Yes \_\_\_ No

**Audio Recording of Research Activities** **(Delete this section if not applicable)** To assist with accurate recording of your responses, (interviews or focus groups) may be recorded on an audio recording device. You have the right to refuse to allow such recording without penalty. (For focus groups, you may wish to use this language – “If you do not agree to audio-recording, you cannot participate in this research.”)

I consent to audio recording. \_\_\_Yes \_\_\_ No

**Video Recording of Research Activities (Delete this section if not applicable)** To assist with accurate recording of your responses, (interviews, or focus groups, or observations) may be recorded on a video recording device. You have the right to refuse to allow such recording. (For focus groups or observations, you may wish to use this language – “If you do not agree to video-recording, you cannot participate in this research.”) Please select one of the following options:

I consent to video recording. \_\_\_ Yes \_\_\_ No

**Photographing of Research Participants/Activities (Delete this section if not applicable)** In order to preserve an image related to the research, photographs may be taken of participants. You have the right to refuse to allow photographs to be taken without penalty. (Or you may wish to use this language – “If you do not agree to photography, you cannot participate in this research.”) Please select one of the following options:

I consent to photographs. \_\_\_ Yes \_\_\_ No

**Will I be contacted again? (Delete this section if not applicable)** The researcher would like to contact you again to recruit you into this research or to gather additional information.

\_\_\_\_\_ I give my permission for the researcher to contact me in the future.

\_\_\_\_\_ I do not wish to be contacted by the researcher again.

**Who do I contact with questions, concerns or complaints?** If you have questions, concerns or complaints about the research or have experienced a research-related injury, contact me at (Provide a phone number that is local for the participant’s recruitment location and an email address. If the researcher is a student, also include the advisor's name, telephone number, and email address here.)

You can also contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or [irb@ou.edu](mailto:irb@ou.edu) if you have questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than the researcher(s) or if you cannot reach the researcher(s).

*You will be given a copy of this document for your records. By providing information to the researcher(s), I am agreeing to participate in this* research*.*

| Participant Signature | Print Name | Date |
| --- | --- | --- |
| Signature of Researcher Obtaining Consent | Print Name | Date |
| Signature of Witness (if applicable) | Print Name | Date |