

## APPENDIX F: INSTRUCTIONS AND SAMPLE: INFORMED CONSENT

*The following is an example of an informed consent form and instructions regarding what information must be included. Written informed consent is required for Expedited and Full Board Review projects unless waived by IRB. Exempt Review research requires consent but does not usually require signed consent. Each research project is unique and the informed consent form should be customized to your study.*

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### PROJECT TITLE

The study in which you are being asked to participate is designed to investigate (place your information in the context of what you are investigating). This study is being conducted by (your full name here) under the supervision of (your supervisor's full name, title, and school/department.). This study has been approved by the Institutional Review Board, Concordia University Irvine, in Irvine, CA.

**PURPOSE:** (Place an explanation of the purposes of the research).

**DESCRIPTION:** (A description of the procedures to be followed).

**PARTICIPATION:** (A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits, to which the subject is otherwise entitled).

**CONFIDENTIALITY OR ANONYMITY:** (How you will maintain the confidentiality of the research? Please note that the research is confidential or anonymous, not both; chose one or the other). Also, a statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained if the information is collected confidentially; meaning you maintain the confidentiality of the participants' information. An example: Stored in locked filing cabinet, stored or password protected computer, etc...).

**DURATION:** (The expected duration of the subjects' participation).

**RISKS:** (A description of any reasonably foreseeable risks or discomforts to the subject, if there are no foreseeable risks to their participation in the research please state so).

**BENEFITS:** (A description of any benefits to the subject/s or to others which may reasonably be expected from the research, if there are no benefits to their participation in the research, please state so. Please do not claim benefits which you cannot possibly attribute to the research).

**VIDEO/AUDIO/PHOTOGRAPH:** (If applicable, include a statement that the research will include one or all of the noted categories. Example: I understand this research will be Video Recorded Initials\_\_\_\_ and/or I understand this research will be audio recorded Initials\_\_\_\_ and/or I understand this research will be photographed Initials\_\_\_\_. You can also use a Yes ☐ or No ☐ with a box to checkmark, as noted. Please note that a separate video/audio/photograph permission form is available under the IRB Forms.).

**CONTACT:** (An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject - this is your advisor's(s') name, title, phone, and email address).

**RESULTS:** (Include an explanation as to where the results can be obtained after you have completed your study and disseminate the results for publishing. This should not include your name or phone number, but a place and exact location where the results can be obtained).

**CONFIRMATION STATEMENT:**

I have read the information above and agree to participate in your study. **Or**

I have read and understand the consent document and agree to participate in your study. **Or**

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

**SIGNATURE:** (Include a signature line as necessary. Note that Exempt Review research, if truly anonymous research, should not include a signature line. Please note that Parental/Conservator informed consents do require a signature line).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

The extra copy of this consent form is for your record.