

EXAMPLE

Condensed Excerpts from Sample Consent Forms Used by the University of Texas at Austin's Institutional Review Board

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study:

Principal Investigator(s) (include faculty sponsor), UT affiliation, and Telephone Number(s):

[Do not use "Dr." as it might imply medical supervision. Instead, use "Professor or Ph.D. or Pharm.D. etc."]

Funding source:

What is the purpose of this study? *[Please include the number of subjects]*

What will be done if you take part in this research study?

What are the possible discomforts and risks?

[Studies that involve psychological risk ...]

The principles that apply to studies that involve psychological risk or mental stress are similar to those that involve physical risk. Participants should be informed of the risk and told that treatment will not be provided. They should be given the names and telephone numbers of agencies that may alleviate their mental concerns, such as a crisis hot line. If the principal investigator or the faculty sponsor of a student investigator is qualified to treat mental health problems, that person may be listed as a resource.]

What are the possible benefits to you or to others?

If you choose to take part in this study, will it cost you anything?

Will you receive compensation for your participation in this study?

What if you are injured because of the study?

If you do not want to take part in this study, what other options are available to you?

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin *[and or participating sites such as AISD or any other organization]*.

How can you withdraw from this research study and who should I call if I have questions?

If you wish to stop your participation in this research study for any reason, you should contact: _____ at (512) _____. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact *[name]* Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, *[phone number]*.

How will your privacy and the confidentiality of your research records be protected?

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored

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Figure 4-1 Condensed Excerpts from Sample Consent Forms Used by permission of the University of Texas at Austin's Institutional Review Board

from: Research Methods for Social Work, 7th ed. (2008)
A. Rubin and E. Bobbie Rubin/Pl

then the sponsor also has the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

[Please note that for studies with audio or video recordings, participants must be told: (a) that the interviews or sessions will be audio or videotaped; (b) that the cassettes will be coded so that no personally identifying information is visible on them; (c) that they will be kept in a secure place (e.g., a locked file cabinet in the investigator's office); (d) that they will be heard or viewed only for research purposes by the investigator and his or her associates; and (e) that they will be erased after they are transcribed or coded. If you wish to keep the recordings because of the requirements of your professional organization with respect to data or because you may wish to review them for additional analyses at a later time, the statement about erasing them should be omitted and you should state that they will be retained for possible future analysis.]

If you wish to present the recordings at a convention or to use them for other educational purposes, you should get special permission to do so by adding, after the signature lines on the consent form, the following statement,

"We may wish to present some of the tapes from this study at scientific conventions or as demonstrations in classrooms. Please sign below if you are willing to allow us to do so with the tape of your performance."

And add another signature line prefaced by, "I hereby give permission for the video (audio) tape made for this research study to be also used for educational purposes." This procedure makes it possible for a participant to agree to being taped for research purposes and to maintain the confidentiality of the information on that tape.]

Will the researchers benefit from your participation in this study [beyond publishing or presenting the results]?

Signatures:

Other circumstances in which addenda may need to be included:

1. (For your information only. This explanatory section should NOT be placed into the consent form.)

[When informed consent cannot be obtained from the subject because the subject is an adult who does not have the ability to read and understand the consent form (for example, the subject has advanced Alzheimer's Disease or another cognitive problem), then the study should be explained verbally using language the subject can understand. The Subject should then be asked if she/he agrees to participate. If the subject does not want to participate, she/he should not be enrolled unless it is determined by the person legally responsible that it is in the subject's best interest.]

When appropriate, the following text should be added as an addendum to the Informed Consent Form before the Signature section:]

If you cannot give legal consent to take part in this study because you may have trouble reading or understanding this consent form, then the researcher will ask for your assent. Assent is your agreement to be in the study. The researcher will explain the study to you in words that you can understand. You should ask questions about anything you don't understand. Then you should decide if you want to be in the research study. If you want to participate, you or someone who can sign a legal document for you must also give their permission and sign this form before you take part.

You agree to participate:

Subject's signature	Date
Signature of Principal Investigator or Representative	Date
Witness (if available)	Date

Figure 4-1 (continued)

If you are not the subject, please print your name:

_____ and indicate one of the following:

_____ The subject's guardian

_____ A surrogate

_____ A durable power of attorney

_____ A proxy

_____ Other, please explain:

If the child is between 13 and 17, a child signature line may be added to the consent form. If the child is between 7 and 12, the child should sign a separate assent form.

Sample Parental Consent Form for the Participation of Minors: Selected Elements
(Use this in conjunction with the consent form template for adults.)

CONSENT FORM TITLE of STUDY

Your (son/daughter/child/infant/adolescent youth) is invited to participate in a study of (describe the study). My name is _____ and I am a _____ at The University of Texas at Austin, Department of _____. This study is (state how study relates to your program of work or your supervisor's program of work). I am asking for permission to include your (son/daughter/child/infant/adolescent youth) in this study because _____. I expect to have (number) participants in the study.

If you allow your child to participate, (state who will actually conduct the research) will (describe the procedures to be followed. If the study will take place in a school setting refer to the material under the subheadings in the consent form for minors section of *Procedures and Forms* for examples of information that should be included about the specific activities for which consent is being sought, the time when the study will be conducted, arrangements for students who do not participate, and access to school records.)

Any information that is obtained in connection with this study and that can be identified with your (son/daughter/child/infant/adolescent youth) will remain confidential and will be disclosed only with your permission. His or her responses will not be linked to his or her name or your name in any written or verbal report of this research project.

Your decision to allow your (son/daughter/child/infant/adolescent youth) to participate will not affect your or his or her present or future relationship with The University of Texas at Austin or (include the name of any other institution connected with this project). If you have any questions about the study, please ask me. If you have any questions later, call me at xxx-yyyy. If you have any questions or concerns about your (son/daughter/child/infant/adolescent youth)'s participation in this study, call [name], Chair of the University of Texas at Austin Institutional Review Board for the Protection of Human Research Participants at [number].

You may keep the copy of this consent form.

You are making a decision about allowing your (son/daughter/child/infant/adolescent youth) to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him or her to participate in the study. If you later decide that you wish to withdraw your permission for your (son/daughter/child/infant/adolescent youth) to participate in the study, simply tell me. You may discontinue his or her participation at any time.

Printed Name of (son/daughter/child/infant/adolescent youth)

Signature of Parent(s) or Legal Guardian

Signature of Investigator

Date

Date

Figure 4-1 (continued)