## CONSENT FORM TO PARTICIPATE IN RESEARCH

## [title of study]

## **[name of researcher(s)]**

## **[department], Cabrini University**

**[email for primary author—please use Cabrini email address]**

This study involves your participation in research. The **purpose** of the research is *[insert description and purpose here; 1-2 sentences].* There is no foreseeable **risk** in participating in this study *[OR…sensitive material may include an emotional or similar risk. If so, you must include contact information for Counseling Services or otherwise. For example, “The research involves questions regarding anxiety. Participants may feel more anxious following the completion of this survey. If you feel more anxious or upset, you may contact Cabrini Counseling and Psychological Services at …”]*. **Benefits** include learning more about *[insert topic being explored here; however, most protocols will not benefit individual participants.]*. *[State how the research data is being used (academic assignment, publication, presentation, dissertation, etc.).]*

*[Please provide a brief description of the research* ***procedure*** *that you will be asking the participant to complete, including total time to complete. For example: “The research will involve you watching a 3 minute movie clip and completing a survey comprised of 15 questions. Your participation will take approximately ten minutes total”]*

All information will be kept **confidential** by the researcher *[note if shared by anyone else, including faculty research advisor.] [Include the following definition of confidential: “Confidential means steps are taken to protect the participants’ identity, personal and private information from being revealed to anyone except the researcher and faculty mentor.”]*. Only aggregate data will be analyzed *[note if otherwise]*.

Research data will be **anonymous** *[Anonymous: include the following definition of anonymous: “Anonymous means that research data cannot be traced to the individual participant.”] [The IRB would prefer that all research data be anonymous; however, this is not possible for data collection involving interviews or focus groups. All surveys involving Google Forms/Forms should be anonymous as long as no identifying information is added. If anonymity is not possible, include the following language: “Research data cannot be anonymous which means that it may be possible to determine the identity of the participant.”] [Include the following language: “No personal identifying information will be used in any research results/publication.”]*

Remember your participation is **voluntary** and you may stop participation at any time. There is no penalty for not participating or withdrawing from the research study. *[Include the following for surveys: “You will not be penalized if you choose not to answer a question due to it sensitive nature.”]* There is no compensation for participation *[However, if compensating, you must list if any compensation is given. For example, extra credit in a course, gift cards, etc.]*. The alternative to participating is not to participate.

Please contact the primary researcher any with questions, concerns, or complaints about the research and any research-related injuries by e-mailing *[insert email address listed above]* or the Chair of the Institutional Review Board at irb@cabrini.edu.This research has been reviewed and approved by Cabrini University’s Institutional Review Board (IRB). The approved IRB protocol number for this study is *[insert protocol number here]*.

Research data retention protocol: you must indicate a specific length of time that the research data will be kept, how secured, and when it will be destroyed.

By signing the following, you give your consent for the primary researcher listed above to use your data in this study. If you wish to withdraw from this study at any time, simply communicate this to the researcher and your data will be destroyed. \*

Print Name

Sign Name

Date

\*[Alternative online surveys may state the following: “**By clicking on the NEXT button,** you give your consent for the primary researcher listed above to use your data in this study. If you wish to withdraw from this study at any time, simply close out the online portal/website to discontinue your participation at this time].

(Detach: Participant gets bottom half) **[only used for consent forms physically handed out]**

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## [title of study]

## **[name of researcher(s)]**

## **[department], Cabrini University**

**[email for primary author—please use Cabrini email address]**

Please contact the primary researcher any with questions, concerns, or complaints about the research and any research-related injuries by e-mailing *[insert email address listed above]* or the Chair of the Institutional Review Board at irb@cabrini.edu.This research has been reviewed and approved by Cabrini University’s Institutional Review Board (IRB). The approved IRB protocol number for this study is *[insert protocol number here]*. *[Sensitive material may include an emotional or similar risk. If so, you must include contact information for Counseling Services or otherwise. For example, “The research involves questions regarding anxiety. Participants may feel more anxious following the completion of this survey. If you feel more anxious or upset, you may contact Cabrini Counseling and Psychological Services at …”]*.

Primary Researcher Signature Date