**Adult Consent Form**

**Consent to Participate in Research Study**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Include PI and all co-investigators)*

**Principal Investigator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_Email:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Co-Investigator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Co-Investigator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Co-Investigator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedures: (***Describe the purpose of the research, what the subjects will have to do, and how long their time commitment will be)*

**Risks and Benefits:** *(Describe risks and benefits here. Also describe any procedures or topic addressed that may make a subject uncomfortable or hesitant to participate.)*

**Confidentiality:** *(Describe how you will maintain subject confidentiality)*

**Costs/Compensation:** *(Describe any costs and compensation here. If there are none, say so.)*

**Right to Refuse or Withdraw*:*** *(Describe subject’s right to withdraw, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is entitled.)*

**Questions:** If you have any questions, please feel free to ask. You will be given a copy of this consent form. *(For on-line surveys, the informed consent statement page must be printable…please state that the subjects may print the informed consent)***Consent:** Your signature below will indicate that you have agreed to volunteer as a research subject, that you are 18 years of age or older, and that you read and understand the information provided above. *(For online surveys or other research that does not require a signature, you may state that “By moving forward with this survey, you indicated that …)*

Participant Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investigator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_