**Sample 1: Written Consent Form for Adults**

**[NOTE TO RESEARCHERS: ALL INFORMATION IN BRACKETS APPLICABLE TO YOUR STUDY IS REQUIRED BY FEDERAL REGULATIONS. IF YOUR CONSENT FORM IS LONGER THAN TWO PAGES, THE FIRST PARAGRAPH “KEY INFORMATION” IS ALSO REQUIRED. PLEASE REFER TO THE BASIC ELEMENTS OF INFORMED CONSENT FOR A LIST OF REQUIRED ELEMENTS AND STATEMENTS THAT MUST BE PRESENT IN EVERY INFORMED CONSENT FORM OR INFORMATION SHEET.]**

You are invited to participate in a research study conducted by **[name of investigator(s)],** from the UNIVERSITY OF PORTLAND **[departmental affiliation(s)].** I hope to learn **[state what the study is designed to discover or establish]**.

**Key Information:** As described in more detail below, we will ask you to [**summarize the procedures for your participants in one or two sentences]**. Someone like you might be interested in participating because **[connect participation to the study’s direct or indirect benefits]**. Because there are some risks, such as **[briefly describe the risks]**, you may not want to participate. It is important for you to know that your participation is entirely voluntary. You do not have to participate and you can stop your participation at any time. More information about all aspects of this study is provided below.

This form includes detailed information on the research to help you decide whether to participate. Please read it carefully and ask any questions you have before you agree to participate.

If you decide to participate, **[describe procedures, including their purpose, how long they will take, their location and frequency. If activities are to be audio or videotaped, indicate this. Identify any procedures which are experimental]**.

**[Describe risks, discomforts, inconveniences, and how these will be managed. Indicate if any medical treatment or counseling resources are available in case of injury or distress and if so, where to get further information. Describe any alternative procedures or courses of treatment, if applicable. Indicate costs of participating, if any]**. **[Describe benefits to subjects and humanity expected from the research]**. However, I cannot guarantee that you personally will receive any benefits from this research. **[If subject will receive compensation, describe amount and when payment is scheduled]**.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Subject identities will be kept confidential by **[describe coding procedures and plans to safeguard data]**. **[If participants will remain anonymous, then reword the above to reflect that and state how the information will be kept anonymous.] [If information will be released to any other entity or person, for any reason, state the personal agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure.] [Indicate if identifiers might be removed from identifiable private information and that, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent if this might be a possibility; *OR* indicate that the subject’s information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.]**

**[For federally funded studies, include the following.]** This study is being funded by a federal agency which requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with **[agency, school, etc. where subject was recruited]**. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions about the study, please feel free to contact **[phone number, e-mail, and address]**. **[If the investigator is a student, also provide advisor name and phone, and identify as your advisor]**. If you have questions regarding your rights as a research subject, please contact the University of Portland Institutional Research Board at irb@up.edu. You will be offered a copy of this form to keep.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Signature

Date