***Title of research study: [Insert title of research study here with protocol number, if applicable.]***

***Investigator: [insert name of principal investigator]***

***[This template must be adapted to your own project, explaining what the research entails and informing individuals on why or why not to participate. Prior to submission to the IRB, all this guidance language must be removed. Only ‘clean’ final versions of consent documents will be accepted for review. If you have any questions on how to adapt a template to your study, please contact the HSPP for assistance.]***

**PURPOSE:** The purpose of this study is \_\_\_\_\_\_\_\_\_\_\_\_ ***[Tell the subject the purpose of the research. Briefly explain the background of the research problem.]***. You have been invited to participate because ***[Fill in the circumstance or condition that makes subjects eligible for the research.]***.

**WHAT YOU WILL BE ASKED TO DO:** Your participation will involve \_\_\_\_\_\_\_\_\_\_ ***[Tell the subject what to expect using lay language and simple terms.]***.The survey includes questions such as ***[provide one or two examples or a brief summary of the types of questions asked]***. Your involvement in this research should take approximately \_\_\_ minutes to complete. You only have to answer the questions that you feel comfortable answering, and you may stop participating at any time for any reason.

Please do not put your name on the survey. No identifying information will be collected ***(please remove if this does not apply)***. If published, the results of this study cannot be linked to you as a participant.

**BENEFITS/RISKS:** There is no direct benefit to you for participation; however the results of this study will provide information on ***[state the benefits of the study to society in general or any potential benefits to others]***. This study poses minimal risk to the participant. ***[If questions are sensitive in nature (e.g. drug/alcohol abuse, sexual behavior, etc.), the risks should be modified appropriately – e.g. “There is a risk that you might feel some discomfort in answering these questions.”]*** All of the information collected will be stored securely in the Principal Investigator’s office, where only the researchers have access to the data. ***[If there are any costs or compensation associated with the study those should be clearly stated. If there is any alternative to participation, that should be stated as well.]***

**QUESTIONS:** Any questions or concerns should be directed to the Principal Investigator, ***[PI name here]***, by phone at ***[insert office phone number]*** or by email at \_\_\_\_\_\_\_@msudenver.edu ***[A student investigator may be added as a contact; however, it is not advisable to include a cell phone number for a student, only an email address.]*** This research has been reviewed and approved MSU Denver’s Institutional Review Board (IRB). If you would like to talk with someone other than the researcher(s) or have questions about your rights as a study participant please contact MSU Denver’s Human Subjects Protection Program at 303-605-5282 or by email at hspp@msudenver.edu.

Your participation is completely voluntary, you may skip any questions/parts and you may choose not to participate at any time, without penalty. By ***[returning the completed survey to the researchers, completing the survey online, etc. (modify to your study)]***, you are agreeing to participate in the research study as described above. ***(\*\*\*Remove this section if you are obtaining a written consent, rather than an implied consent)***

Please keep this consent statement for your reference. If you would like to receive study results please contact \_\_\_\_\_\_@msudenver.edu.

Thank you for your consideration.

Sincerely,

***[Insert researcher name(s) and title(s) here]***

**Signature Block for Capable Adult**

***[Omit the signature block if there is no written documentation of consent.]***

***[In some studies, specific permissions may need to be obtained and documented in addition to the general consent to participate – such as, optional procedures, permission to identify subjects in results, permission to be re-contacted for future studies, etc. Add these to the signature block when needed. For data collection involving audio, video, or photographs, a separate release form may be used or permissions can be built in to the signature block.]***

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| Your signature documents your permission to take part in this research. |
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| Signature of subject |  | Date |
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| Printed name of subject |
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| Signature of person obtaining consent |  | Date |
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