

*Instructions for Researchers: The bolded headings must be included in your consent form. The text below is suggested language. Insert study specific information using the guidelines from the bracketed information. Remember to keep the language simple and your explanations concise. Please note that this is only a template/guide. Create your final document in Microsoft Word.*

## **INFORMED CONSENT FORM**

### **PURPOSE OF THE STUDY**

You are invited to be a participant in a research study about

You were selected as a possible participant because

We ask that you read this document carefully and ask any questions you may have before agreeing to be in the study. The purpose of this study is

### **DURATION OF THE STUDY**

Your participation will require

### **PROCEDURES**

If you agree to be in this study, we will ask you to do the following things:

### **RISKS/BENEFITS**

The following risks may be associated with your participation in this study:

The following benefits may be associated with your participation in this study:

## **CONFIDENTIALITY**

The records of this study will be kept private.

In any report that is published or presented, we will not include any information that will make it possible to identify a participant. Research records will be retained for a period of at least 36 months after study completion.

## **RIGHT TO DECLINE OR WITHDRAW**

Your participation in this study is voluntary. You are free to participate in the study or withdraw your consent at any time during the study. Your decision whether or not to participate will not affect your current or future relations with Broward College or any of its representatives. If you decide to participate in this study, you are free to withdraw from the study at any time without any consequences or affecting those relationships.

## **CONTACT INFORMATION**

The researcher(s) conducting this study is(are):

You may ask any questions you have right now. If you have questions later, you may contact the researchers at:

If you have questions or concerns regarding this study and your rights as a research participant, you may contact Dr. Luis Pentzke, Institutional Review Board Administrator/Chair, Broward College, phone 954-201-2292, e-mail [lpentzke@broward.edu](mailto:lpentzke@broward.edu).

## **STATEMENT OF CONSENT**

I was given a chance to ask questions about this study and they have been answered. I have read the information in this consent form and by signing below, I certify that I am at least 18 years of age and agree to participate in this study.

You will be given a copy of this form to keep for you records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date