This informed consent template provides an outline to follow when creating a consent document that complies with the new Federal regulations on Human Subject Research and University policy. It includes the required elements as well as language for a variety of conditions.

([Click here to view other template and sample forms](https://research.illinoisstate.edu/ethics/human/forms/))

([Click here to view the consent checklist](https://research.illinoisstate.edu/_resources/includes/Revised%20Regulations%20Informed%20Consent%20Checklist.docx))

The new rules require that consent forms include all information that a **“*reasonable person*”** would need to know before deciding whether or not they would like to participate. The language must be also understandable to the target population. An 8th grade reading level is recommended for the general adult population. The IRB will be looking more closely at reading level under the new regulations. Key information will vary from study to study, so the template language should be modified accordingly.

**\*\*\*To be eligible for review the template cannot include this first informational page and all shaded text must be either replaced or deleted before submitting\*\*\***

You are being asked to participate in a research study conducted by [Name and Title of Researcher(s) (The name of the Principal Investigator (PI) must also be listed here)] [Department and Institution]. The purpose of this study is to [Insert brief study description]. This study is funded by [Indicate sponsor if externally funded (delete this sentence otherwise)].

**Why are you being asked?**

You have been asked to participate because [Provide eligibility Criteria here (e.g. age or status)].

Your participation in this study is voluntary. You will not be penalized if you choose to skip parts of the study, not participate, or withdraw from the study at any time.

**What would you do?**

If you choose to participate in this study, [Describe what the participant is expected to do]. In total, your involvement in this study will last approximately [Indicate how long the participant would typically be actively engaged in the study. If multiple sessions will occur, state how many sessions and the approximate duration of each session].

**Are any risks expected?**

[Describe any risk or discomforts that the participant may experience. If no specific risks are reasonably foreseeable, indicate “We do not anticipate any risks beyond those that would occur in everyday life”]. To reduce these risks, [Describe what will be done/provided to reduce and/or manage any risks/discomforts].

**Will your information be protected?**

Your responses will be anonymous; nothing that will identify you will be linked to your responses. The findings from this study may be presented in [Describe how the research may be disseminated and in what form the information will be disseminated].

**Will you receive anything for participating?**

**\*\*\***Delete this section if no compensation will be offered\*\*\*

By [Describe what they would need to do to be compensated] you will be offered [Indicate what they will be offered (e.g. extra credit, gift card, check, or food)].

[Insert incentive language here. Include what is needed to distribute/track the compensation as well ([Consult the linked Wizard to identify this language](https://forms.illinoisstate.edu/forms/research_participation_incentives))].

**Who will benefit from this study?**

[Describe how this research will benefit the participant and/or society or indicate that there are no direct benefits from this study].

**Whom do you contact if you have any questions?**

If you have any questions about the research or wish to withdraw from the study, contact [Researcher name and contact information (Contact information must include the Principal Investigator unless there is a valid reason not to)].

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If you have any questions about your rights as a participant, or if you feel you have been placed at risk, contact the Illinois State University Research Ethics & Compliance Office at (309) 438-5527 or IRB@ilstu.edu.

**Documentation of Consent**

Sign below if you are 18 or older and willing to participate in this study.

If a signed form is not being obtained, a description of what the participant would need to do to indicate consent should be described above and a method for them to indicate consent (i.e. typing in their name, checking a box, or clicking next) should replace the signature line below. A waiver of documentation of informed consent should also be requested if a physical signature is not being obtained.

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

Select one of the statements below and delete the other statement

You will be given a copy of this form for your records. (If the consent form is **physically provided)**

OR

You can print this form for your records. (If the consent form is **provided electronically)**