**Auburn University at Montgomery**

**(*Department*)**

**INFORMED CONSENT**

**Concerning Participation in a Research Study**

**(*Title of Study*)**

**Research Purpose & Procedures:**

We hope to learn (*state what the study is designed to investigate*). You were selected as a possible participant because (*state why the respondent was selected*). If you decide to participate, (*I/we*), (*name and title of the investigators and associates*), will (*describe procedures to be followed, including purposes, how long they will take, location, and their frequency*).

**Risks or Discomforts/Potential Benefits:**

* *Explain or describe any discomforts and inconveniences that reasonably can be expected and estimate the total time required of the subject.*
* *Describe risks identified in the protocol and precautions taken to reduce risks.*
* *If there is a possibility of additional cost to the subject because of participation, describe.*
* *If extra credit is involved, state amount.*
* *Describe benefits that reasonably can be expected.*
* *If any benefits are described, add:* We cannot promise you that you will receiveany or all of these benefits.

**Alternative Procedures:**

(*Describe appropriate alternative procedures that might be advantageous to the respondent,* *if any. You must disclose the nature of any treatment that is being withheld*).

**Provisions for Confidentiality:**

Any information obtained in connection with this study that can be identified with you will remain confidential. (*state persons or agencies to whom* *the information will be furnished and the purposes of the disclosure*). (*If the subject will receive compensation, describe the amount or nature.* The information that will be published will be data that is in group (aggregate) form so that individuals cannot be identified.

**Management of Research-related Injury:**

*If medical treatment* *for physical injuries is available, state the extent of treatment that will be provided and where* *it will be carried out. In the case of a social/behavioral research project include appropriate referrals (ex: for psychological counseling.)*

**Contacts for Additional Information:**

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, *(name, email, phone number)*. If you have any questions about your rights as a volunteer in this research, contact Debra Tomblin, Research Compliance Manager, AUM, 334-244-3250, [dtomblin@aum.edu](mailto:dtomblin@aum.edu).

**Voluntary Participation & the Right to Discontinue Participation without Penalty:**

If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. If you decide later to withdraw from the study, you may also withdraw any information that has been collected about you. Your decision whether to participate will not prejudice your future relations with Auburn University at Montgomery (*and name of cooperating institution or agency, if any*). The researcher may discontinue the study at any point.

We will give you a copy of this consent form to take with you.

YOU ARE MAKING A DECISION WHETHER TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TOPARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Participant’s signature & Date

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Investigator's signature

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