

## INFORMED CONSENT FORM

You are invited to participate in a research study that is being conducted by \_\_\_\_\_ [**please complete**], who is a \_\_\_\_\_ [**e.g., student, professor, etc.**] in the \_\_\_\_\_ [**Department, School, Unit**] at Rutgers University. The purpose of this research is to determine \_\_\_\_\_ [**please complete**].

Approximately \_\_\_ [**please complete #**] subjects will participate in the study, and each individual's participation will last approximately \_\_\_ [**please complete with an accurate duration of participant's time**].

The study procedures include \_\_\_\_\_ [**State the complete study procedures for each participant, preferably in chronological order. For example, "Participation in this study will involve the following:"**].

This research is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and the response in the research exists. Some of the information collected about you includes [**SPELL OUT SOME OF THE ELEMENTS**]. Please note that we will keep this information confidential by limiting individual's access to the research data and keeping it in a secure location [**SPELL OUT ANY OTHER SECURE STORAGE/MAINTENANCE OF THE DATA, e.g., password protected computers, encryption methods etc.**].

The research team and the Institutional Review Board at Rutgers University are the only parties [**please modify if others will have access to the data**] that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for \_\_\_\_\_ [**indicate the length of time data will be retained, e.g. destroyed upon completion of the study procedures; destroyed upon publication of study results; retained indefinitely, as stated in study protocol. Per Federal Regulations it must be at least three years**].

The risks of participation include:

- Feelings of claustrophobia can occur in the scanner. If you experience feelings of claustrophobia please alert the researcher and you will be removed from the scanner immediately.
- There is considerable background noise generated by the magnet. You will be given your choice of earplugs or ear muffs to reduce the noise, but you should alert the researcher if you find the noise too uncomfortable and you will be removed from the scanner immediately.

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**For IRB Use Only. This Section Must be Included on the Consent Form and Cannot Be Altered Except For Updates to the Version Date.**

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You have been told that the benefits of taking part in this study may be: **[please list possible benefits]**. However, you may receive no direct benefit from taking part in this study. You will receive \_\_\_ **[please fill in or remove statement if subjects are not compensated/paid or given RU points]** for completing the entire study.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

If you have any questions about the study or study procedures, you may contact myself at **[please provide your full contact information]**.

**[ALL STUDENTS MUST INCLUDE THIS SECTION, not the above]:** If you have any questions about the study or study procedures, you may contact myself at **[please provide full contact information-address, email and phone number]**. You may also contact my faculty advisor \_\_\_ **[please provide full contact information-full name, address, email and phone number]**.

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board  
Rutgers University, the State University of New Jersey  
Liberty Plaza / Suite 3200  
335 George Street, 3<sup>rd</sup> Floor  
New Brunswick, NJ 08901  
Phone: 732-235-9806  
Email: humansubjects@orsp.rutgers.edu

You will be given a copy of this consent form for your records.

Sign below if you agree to participate in this research study:

Subject (Print) \_\_\_\_\_

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

Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Audio/Visual Addendum to Consent Form

***[This form is to be attached, as applicable, to the main consent if taping. Otherwise it should be removed. Sample language is noted in boldfaced italics within the brackets [ ] and should be removed].***

You have already agreed to participate in a research study entitled: ***[Insert Study Title]*** conducted by ***[Insert Principal Investigator]***. We are asking for your permission to allow us to ***[include optional procedure such as audiotape (sound), videotape (picture), or both audio and videotape]*** as part of that research study. You do not have to agree to be recorded in order to participate in the main part of the study.

The recording(s) will be used for ***[include purpose of recording; e.g., sample language may include: analysis by the research team; possible use as a teaching tool to those who are not members of the research staff (i.e. for educational purposes); commercial purposes. If the tapes will be used for commercial purposes, the consent must specifically state whether or not the subject would be compensated for this use.]***

The recording(s) will include ***[indicate whether the subjects name or any other identifier will be recorded. If videotaping will be utilized, indicate the extent to which subject's identity would be masked (e.g., Facial features partially blocked out; recording will not include facial pictures; recording will include full facial pictures.)]***. If you say anything that you believe at a later point may be hurtful and/or damage your reputation, then you can ask the interviewer to rewind the recording and record over such information OR you can ask that certain text be removed from the dataset/transcripts.

The recording(s) will be stored ***[include measures taken to protect subjects privacy. For example: in a locked file cabinet with no link to subjects' identity; in a locked file cabinet and linked with a code to subjects' identity; in a locked file cabinet and labeled with subjects' name or other identifiable information]***. The recordings will be kept for ***[indicate the length of time the recording(s) will be retained, e.g. destroyed upon completion of the study procedures; destroyed upon publication of study results; retained indefinitely.]***

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Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Subject (Print) \_\_\_\_\_

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

Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_

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