

**SAMPLE INFORMED CONSENT**  
**Informed Consent to Participate in a Research Study**

Smithsonian Institution  
[Insert Unit Name and Address]

Title of Research Project:  
Name of Principal Investigator:  
Phone Number of Principal Investigator:

**A. PURPOSE AND BACKGROUND**

[*Insert researcher's name and affiliation*] is conducting research on [*insert what the research is about in terms understandable to the potential participant*]. The purpose of your participation in this research is to help the researcher [*insert why you are doing this research.*] You were selected as a possible participant in this study because [*state why the subject was selected*]. *NOTE: If Researcher is not the Principal Investigator, add information regarding supervision of researcher.*

**B. PROCEDURES**

If you agree to participate in this research study, the following will occur: [*State your process step by step with detail and include the approximate amount of time the process will take. You should include information on interview or questionnaire topics, any personal information requested, data collection methods (audio, video, written) and frequency (if more than one collection).*]

**C. RISKS**

[*If there are risks you must state what they are. NOTE: Being uncomfortable, embarrassed and/or inconvenienced are risks*]

**D. CONFIDENTIALITY**

The records from this study will be kept as confidential as possible. No individual identities will be used in any reports or publications resulting from the study. All [*insert data collection and retention method i.e. questionnaires, tapes, transcripts, summaries*] will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times. Only research personnel will have access to the files and [*insert data collection and retention method*] and only those with an essential need to see names or other identifying information will have access to that particular file. After the study is completed [*state time frame for retaining collect data and whether it will be destroyed*].

*NOTE: All informed consent forms must have an explanation of the procedures by which participant confidentiality will be protected and/or the extent that information will be disclosed and to whom.*

**E. BENEFITS OF PARTICIPATION**

There will be no direct benefit to you from participating in this research study. The anticipated benefit of your participation in this study is [*insert the objective you are trying to achieve with this study*].

*NOTE: "direct benefit" is something that benefits the individual participant such as free medical care or compensation. If the participant is being given something for participating, state that here in substitute for the first sentence.*

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**F. VOLUNTARY PARTICIPATION**

Your decision whether or not to participate in this study is voluntary and will not affect your relationship with the Smithsonian Institution or *[insert name of any cooperating organization]*. If you choose to participate in this study, you can withdraw your consent and discontinue participation at any time without prejudice.

**G. QUESTIONS**

If you have any questions about the study, please contact *[insert name of PI]* by calling *[insert phone number with area code]*. You can also contact *[insert IRB contact information]* with any questions about the rights of research participants or research related concerns.

**CONSENT**

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN A RESEARCH STUDY. YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE IN THE STUDY AFTER READING ALL OF THE INFORMATION ABOVE AND YOU UNDERSTAND THE INFORMATION IN THIS FORM, HAVE HAD ANY QUESTIONS ANSWERED AND HAVE RECEIVED A COPY OF THIS FORM FOR YOU TO KEEP.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Research Participant

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