**Informed Consent**

[**REPLACE OR DELETE ALL HIGHLIGHTED TEXT BEFORE SUBMITTING** – Replace the highlighted portions of this document with information describing your study. Refer to the Informed Consent Checklist provided on the IRB website to ensure that all required elements are included, as some studies may require more sections or information than is provided here. Refer to the information on the next page to consider if requesting a **waiver of signed informed consent** is appropriate for your study.]

**Study Title:** [Study title goes here.]

**Purpose of the Study:** You are invited to participate in a research study examining [Describe the purpose of the research and any exclusion/inclusion criteria.]

**Procedures:** [Describe the procedures to be followed and the expected duration of the study.]

**Potential Risks and Benefits:** [Describe the potential risks and benefits associated with participating in the study. If appropriate, state that the anticipated risks are minimal and no greater than those encountered in everyday life.]

**Compensation:** [If compensation such as payments or course credit is offered, describe the compensation and how it is distributed here. If no compensation is provided, remove this section.]

**Confidentiality:** [If personally identifiable information is collected, describe how the confidentiality of this information will be maintained. If no personally identifiable information is collected and the study is completely anonymous, state that instead. ]

**Voluntary Participation:** Your participation in this study is voluntary and you may choose to not participate or end your participation at any time without penalty.

**Questions or Concerns:** If you have any questions or comments about this study, you may contact the researcher: [primary investigator name, phone number, email]

For questions regarding your rights as a participant in this research or IRB approval, contact Dr. William Davis, Associate Professor of Psychology, IRB Chair, at 937-327-7477, or by email at davisw4@wittenberg.edu.

**Consent:** I have read and understand the above consent form. I certify that I am 18 years old or older. By signing below, I indicate my willingness to voluntarily take part in this study.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researchers can request a **waiver of signed informed consent** from the IRB if one of the following conditions applies to their research:

1. The research presents no more than minimal risk of harm to participants and involves no procedure for which written consent is normally required outside the research context.
2. The only record linking the research participant and the research would be the signed consent document and the principal risk would be potential harm resulting from a breach of confidentiality.

Researchers requesting a waiver of signed informed consent should explain their rationale in Section 9 of the IRB Petition. If approved, researchers can obtain consent verbally for in-person studies or by using a check box for online surveys. The consent section of the informed consent document should be modified appropriately if requesting a waiver of signed informed consent. An example consent section for an anonymous online study is provided below.

**Consent:** I have read and understand the above consent form. I certify that I am 18 years old or older. By clicking the “Next” button to enter the survey, I indicate my willingness to voluntarily take part in this study.