**Angelo State University**

**Institutional Review Board (IRB)**

**Consent to Participate in an IRB-Approved Research Event**

Project Title:

Investigator Name/Department: *Graduate students need to include faculty name here as well.*

Investigator Phone:

You are being asked to participate in a research event conducted with the approval of the Angelo State University Institutional Review Board (and if applicable, other relevant IRB committees). In order to participate, you are required to give your consent by reading and signing this document.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask any questions you have at any time before the project begins. A basic explanation of the project is written below. Please read and, should you decide to participate, sign this form in the presence of the person who explained the project to you. Upon request, you will be given an unsigned copy of this form for your records.

Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time without penalty. I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

*(Note to experimenter - be brief in the following sections; you need not jeopardize the integrity of the research in the interest of disclosure. This highlighted text is for the investigator’s information only and should be removed from the final consent form)*

1. Nature and Purpose of the Project

*Insert text about the nature and purpose of the project here. (1-3 sentences)*

2. Explanation of Procedures.

*Insert text about the procedures here. Be sure to include how long participation is expected to take (e.g., no longer than 45 minutes). If participants are to be compensated with research credits or a monetary sum, please include that here as well.*

3. Discomfort and Risks.

*Insert text about the discomfort and risks here. It is NOT acceptable to say “there are no*

*risks.” The weakest statement that can be offered is that all efforts have been taken to anticipate risk to the participant and minimize it accordingly. For minimum risk, an example statement might be: “The possible risks from participating in this study are minimal. The risks are not greater than those ordinarily encountered in daily life. All efforts have been taken to anticipate risk to the participant and minimize it accordingly.”*

4. Benefits.

*Insert text about the benefits of the study to the participant, the scientific discipline,*

*and/or the population that the research will serve. Do NOT discuss course credit or monetary sums in this section. This section deals with the more general benefits.*

5. Confidentiality.

*Insert text about the steps that have been taken to ensure confidentiality,*

*anonymity, and equity. Include how and where data will be stored, who will have access, how long data will be stored and how it will be handled after that time (e.g., deleted, shredded)*

The dated approval stamp on this consent form indicates that this project has been reviewed and approved by the Angelo State University Institutional Review Board (IRB) for the protection of human subjects in research and research related activities.

Any questions regarding the conduct of the project, questions pertaining to your rights as a research subject, or research-related injury should be brought to the attention of the IRB administrator, Dr. Tay Hack ([tay@angelo.edu](mailto:tay@angelo.edu)) TEL: (325) 942-2068, ext. 6121.

Any question about the conduct of this research project should be brought to the attention of the investigator as listed on this form.

Participant Signature Date

Witness Signature Date