**INSTRUCTIONS TO INVESTIGATORS**

Customize the information or language for your particular project or subject population.

**Suggested guidelines when completing this consent template:**

* Student researchers must include contact information of your Faculty Sponsor/Advisor.
* Use simplified language that is understandable to your subjects and avoid technical terminology, acronyms, scientific jargon, and abbreviations.
* Avoid using first person language from the perspective of the participant (e.g., “I understand…” or “I agree to…”). Such language can be considered suggestive or unduly influencing participants.
* Only use **one** of the suggested signature boxes but not both.
* Delete all instructions in **RED** text in the template and make the font and color of text the same throughout before submitting for review.
* Enter the version date of the consent in the header before submitting for review.
* Be sure to include the generic DU logo in the heading or your specific department logo.
* Proofread your consent document for grammar and spelling errors prior to attaching it to your IRBNet package.

The **required elements of consent** for exempt studies include the following: (1) A statement that the project is research, (2) A statement that participation is completely voluntary (3) A description of the project purpose and procedures the participant will complete, (4) Researcher (and Faculty Sponsor) contact information.

As appropriate, the IRB/HRPP may require additional language or information for the protection of human subjects. Please include the following information, if applicable to your study.

**Research Information Sheet**

**Title of Research Study:** *Title [if the official title is technical and difficult to understand, a simplified non-technical title should be used in addition to the official title]*

**Principal Investigator:** *Name, Credentials, University of Denver, Institutional Affiliation*

*(e.g., Jane Doe, PhD, University of Denver, Morgridge College of Education)*

***If student investigator****, include the Faculty Sponsor Name, Credentials*

**IRBNet Protocol #:**

**Version Date:**

**Sponsor/Funding Source:** *delete if not applicable*

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. Even if you decide to participate now, you may change your mind and stop at any time. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

**Study Purpose:**

If you participate in this research study, you will be invited to [*provide a brief background and describe the purpose of the activity in lay-language. Do not use professional jargon, acronyms, or abbreviations without clearly explaining the abbreviations*]

*The summary should include:*

* *The purpose and expected duration*
* *Requirements of the study*
* *A summary of the risks and/or benefits, if any*

You may choose not to [details: e.g., answer any survey question, continue with the interview, etc.] for any reason without penalty.

There are no expected risks to you as a result of participating in this study. *[Do not state that there are no risks or that risk “should be” minimal.]*

***OR***

Potential risks and/or discomforts of participation may include *[explicitly identify reasonably foreseeable risks of participation].*

You will not benefit directly from participating in this study.

* *Other alternatives to participating, if appropriate*
* *Time commitment*
* *Payment to subjects, including any prorated amounts*
* *Confidentiality of information – Describe whether and how identifiable information will be de-identified, and if it will be shared with other researchers for this research or future research.*

You will receive *[describe any compensation, reimbursement, or class credit being offered for participation]* for participating in this research project.*[Explain when subject will be paid (e.g., immediately or in 6 – 8 weeks).*

**Procedures:** If you agree to be a part of the research study, you will be asked to *[details about the procedures and duration of participation]*. *(e.g., “If you participate in this study, you will be asked to complete a survey that will take about 10 minutes of your time.”)*

**If online systems will be used:** *The following language is recommended as appropriate for studies where data are collected through online systems such as Qualtrics, RedCap, and mTurk.*

Before you begin, please note that the data you provide may be collected and used by *[Online System]* as per its privacy agreement. This research is only for U.S. residents over the age of 18. Please be mindful to respond in a private setting and through a secured Internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

**If audio/video recording will be involved:**

You will be audio/video recorded *[details of when recording will take place and what the recording will be used for].* If you do not want to be audio/video recorded, please inform the researcher, and only hand-written notes will be taken during the interview/focus group.

**If SONA/Psychology Research Participation (PRP) System Studies will be used:** *The following information should be included for studies utilizing SONA/PRP.*

Your name and identifying information will not be connected in any way to your responses in this study. The online system will grant you credit when you submit your responses by separately submitting your Identity Code to the system while your responses are sent to a different database for retrieval by the researcher.

**Data Sharing**

*We strongly recommend that you include this section in your consent, to inform participants that you may share de-identified data you collect from them. Certain sponsors now require researchers to make available their de-identified data to the research community, as do a growing number of journals in a variety of disciplines. If you choose not to include the following language and later wish to share de-identified data, you may not be able to do so without re-contacting participants to obtain consent:*

De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

**Questions:** If you have any questions about this project or your participation, please feel free to ask questions now or contact *[Researcher Name]* at *[phone number and/or email address]* at any time.

If you have any questions or concerns about your research participation or rights as a participant, you may contact the University of Denver’s Institutional Review Board (IRB) by emailing [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu) to speak to someone other than the researchers.

The University of Denver Institutional Review Board has determined that this study is minimal risk and is exempt from full IRB oversight.

**Please take all the time you need to read through this document and decide whether you would like to participate in this research study.**

If you decide to participate, your completion of the research procedures indicates your consent. Please keep this form for your records.