**INFORMED CONSENT FORM FOR RESEARCH PROJECTS**

**NOTRE DAME OF MARYLAND UNIVERSITY**

INSTRUCTIONS FOR RESEARCHERS: Use this required template for your informed consent forms. The text in **purple/red font** are instructions/placeholders for you. Substitute your own text where you see colored font and remove instructions before submitting to the IRB.

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| **PROJECT TITLE** | Put your project title here. Make sure it matches the title in your IRB protocol.  |
| **WHY IS THIS RESEARCH** **BEING DONE?** | This is a research project being conducted by principal investigator (faculty member, and student if applicable) at Notre Dame of Maryland University (NDMU). We are asking you to volunteer for this research project because … [Describe why the person reading the consent form is a possible eligible participant for your project, in 1-2 sentences. For example, if you are trying to recruit third grade math teachers for interviews from a specific location, this would end up saying something like, “because you are a third grade math teacher in the Baltimore City public school system”]. The purpose of this research project is [write this in plain language and keep it brief, usually 1-2 sentences].About [insert number for expected sample size] people are expected to take part in this study. |
| **WHAT WILL I BE ASKED TO DO?** | If you take part in this study, you will…**What to Include in This Section:****Describe what will happen if someone joins your study.** Keep this as brief as you can while being complete. * **Explain step-by-step** what participants will do, in the order it will happen.
* **Use plain language** (avoid medical or technical terms; if you need to use them, explain what they mean).
* **Say where** the study will take place.
* **Tell them how long** the whole study will take, and how much time each step or activity will take.
* If you are doing **surveys or interviews**, explain what kinds of questions you will ask.
* Point out if there are any **experimental procedures** (things that are still being tested or studied).
* If there are **other options** (different treatments or choices) that might be helpful for them, mention those too.
* Mention here **whether or not participants will be compensated**, and how. (Examples: “There is no payment for being in this study”, or “To thank you for your time, at the end of the study we will provide you with…”.
* If participants are compensated, indicate whether they have to complete the entire study to receive compensation.

**If You Are Using Recordings or Images:*** Explain if you are making **audio recordings, videos, or taking photos**.
* Say **what** you are recording or photographing, and **why**.
* Explain **who will see or hear them**, where the recordings will be **stored**, and **how long** you will keep them.
* Say **when (or if)** the recordings/images will be deleted or destroyed.
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| **WHAT ABOUT** **PRIVACY?** | We will keep your personal information confidential. To help protect your confidentiality ….**What to Include in This Section:**Describe how you will **collect and store** participants’ information and data.Use plain language; be complete but brief. The example language (A, B, C, D) below is a starting place -- **remove or change example language** to fit your actual procedures. A*. Example Language***How We Will Protect Your Privacy and Confidentiality*** We will **keep all of your information private and secure**.
* Your data will be **stored safely**, for example:
	+ Paper forms will be kept in a **locked filing cabinet** or secure storage area.
	+ Any electronic files will be **password-protected** on a secure computer.
* We will use **codes** (not names) on your forms or files to keep your identity private.

*B. Additional, Possible Example Language for Researchers Using Anonymous Surveys***Surveys are Anonymous** * We will **not collect your name** or any information that could identify you.
* Your answers will be **completely anonymous**.

*C. Additional, Possible Example Language for Researchers Planning to De-Identify Data but Keep Participant Contact Information in Another Place***We Will Use Codes (Not Names) On Your Forms or Files** * Your **name or other identifying information will NOT be on your survey or data**.
* Instead, a **code number** will be used.
* There will be an **identification key** that links the code to your identity, but:
	+ **Only the researcher** will have access to this key.
	+ This key will be **kept secure** and private.

*D. Example Possible Language for Mandatory Reporting Issues, if There is a Possibility Participants May Disclose Such in Your Project****)*****If We Learn About Certain Risks or Harm** * If, during the study, we learn about child abuse, neglect of someone who is vulnerable (like a disabled person or an elderly adult), or if we think someone may be in danger of hurting themselves or others, we may need to report this information to the proper authorities.
* We **are/are not** not asking questions about these issues in this study. (Note to investigators: Edit as applicable)
* We will follow legal requirements related to mandatory reportingto protect people from harm.
* (Note to investigators: If mandatory reporting is a potential issue in your study due to the topic/questions, discuss your management plan in your IRB application)
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| **WHAT ARE THE RISKS** **OF THIS RESEARCH?** | **What to Include in This Section:**Clearly explain any possible risks that could happen if someone takes part in your study. These risks might be:* **Physical risks** (for example: pain, injury, side effects)
* **Psychological risks** (for example: stress, anxiety, feeling upset or uncomfortable)
* **Social risks** (for example: damage to relationships, embarrassment or loss of privacy if confidentiality is breached)
* **Legal risks** (for example: sharing information that could lead to legal problems)
* **Financial risks** (for example: costs they might have to pay, lost wages***)***

Even if the risks are **small or unlikely**, you still need to describe them.* If something in your study could make people feel tired, nervous, embarrassed, uncomfortable, or stressed, include that too.
* These are considered real risks, even if they seem minor.
* Do NOT say that the risks are “minimal” or that they are “no greater than everyday life.”
* Just focus on clearly explaining what risks are possible so participants can decide if they’re comfortable taking part.
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| **WHAT ARE THE** **BENEFITS OF THIS RESEARCH?** | The benefits to you include [only list the direct and reasonably expected benefits to the subject. If none, say “you may not personally benefit from this study.” Monetary compensation and extra credit for courses are not benefits and should be described in the “What will I be asked to do?” section.]We hope that, in the future, other people might benefit from this study through improved understanding of [Describe the anticipated benefits to science or society expected from the research, if any]. |
| **DO I HAVE TO BE IN** **THIS RESEARCH?** | Everyone who decides to be in this study is a **volunteer.** That means you can choose not to take part at all. If you decide to take part in this research, you can skip questions you don’t want to answer, or decide to stop being in the study at any time. If you decide not to be in this study or quit, you will not be penalized or lose any benefits to which you otherwise qualify. **Additional Information You May Need to Include (If It Applies to Your Study)**1. If the Researcher Might End Someone’s Participation:* Explain any situations where you (the researcher) might need to stop someone’s participation, even if they still want to stay in the study.
	+ Example: If the participant isn’t following study rules, or if continuing could be unsafe for them.

2. If a Participant Chooses to Withdraw from the Study:* Explain what happens if someone decides to leave the study early.
* Describe any steps you will take to end their participation in an organized, safe way (this is called an "orderly termination").
* Mention any consequences if they leave (for example, if they won’t receive certain benefits).

3. If You Are Collecting Data in a Classroom:* Make it clear that participating in the study is voluntary and NOT a course requirement.
* If students can earn course credit for participating, explain that there are other options to earn the same credit.
	+ These other options should be just as easy as participating in the research (not harder or more time-consuming).

4. If You Are Doing Research with Prisoners:* Clearly state that whether they choose to participate or not will NOT affect their sentence, parole, or anything related to their incarceration.
* Also explain that if they start the study but leave before it’s finished, it will NOT affect their sentence, parole, or incarceration in any way.
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| **WHAT IF I HAVE** **QUESTIONS?** | This research is being conducted byprincipal investigator (faculty member, and student if applicable), department/schoolat NDMU. If you have questions or concerns about the research study itself, please contactprincipal investigator’s name at Principal investigator contact information.The Institutional Review Board (IRB) is an independent group of people at NDMU who oversee human subjects research; if you have questions or concerns you may also contact the IRB atirb@ndm.edu or contact the IRB Chair Dr. Tina Bloom at tbloom@ndm.edu.  |

Choose **one of the two** “My Consent” blocks below to use for your consent form. Use the **first block** if you are using a signed consent form. Use the **second block** if you are asking the IRB to approve a waiver of documentation of informed consent (an unsigned consent form). (For more information, see the IRB Handbook at [www.bit.ly/ndmuirb](http://www.bit.ly/ndmuirb)). **Delete the “My Consent” block you are not using.**

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| **MY CONSENT** **MY CONSENT**  | **Please sign below if you agree to be in this study**. You may have a copy of this document if you want one for your records. You do not have to take a copy of this document if you do not want one. Your signature indicates that:* You are at least 18 years of age;
* The research has been explained to you;
* Your questions have been fully answered; and
* You freely and voluntarily choose to take part in this research project.

PRINT YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you are **signing for someone else** as their guardian, print their name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YOUR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**You do not have to sign a consent form to be in this study**. You may have a copy of this document if you want one for your records. You do not have to take a copy of the document if you do not want one. In agreeing to take part in this study, you agree that:* You are at least 18 years of age;
* The research has been explained to you;
* Your questions have been fully answered; and
* You freely and voluntarily choose to take part in this research project.

**Finalizing Your Informed Consent Document – Checklist**✅ **Check it is Clear and Concise*** Keep the document **complete**, but **concise**.
* Use **simple, easy-to-understand language** (avoid technical terms).

✅ **Format for Submission*** Make sure **you have chosen your correct “My Consent” block** and deleted the other.
* Remove **all instructions and unnecessary wording**.
* Change **all font colors to black**.
* Save your final version as a **PDF** and submit it to the IRB.

✅ **If Research Involves Minors (under 18):*** Prepare **two separate forms**:
	1. **Parental Permission Form**
		+ Written for parents/guardians.
		+ Explains their child’s participation (e.g., “your child will…”).
		+ Includes all required elements from the template.
	2. **Assent Form**
		+ Written for the child/minor (age-appropriate language).
		+ Ask if they agree to participate.

✅ **If Research Involves People with Impaired Decision-Making Capacity:*** Prepare a **Consent Form** for the participant’s **authorized representative**.
* Prepare an **Assent Form** for the participant (if they are able to give assent).
	+ Use language appropriate for their level of understanding.
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