**Instructions**

*This consent form can be used for Participating Sites (pSites) overseen by the University of Arizona IRB. This consent form/disclosure form is for research that does not collect any biospecimens or will access HIPAA protected information. Delete the RED text before submitting this form to the IRB.*

**Name of pSite**

**Consent and/or Parental Permission to Participate in Research**

|  |
| --- |
| **Study Title:** |
| **[Name of pSite] Principal Investigator:** |

Conflict of Interest Statement (If applicable per COI management plan, delete if no COI management plan exists for researchers at this pSite)

**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. 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 to participate.

Provide a brief explanation of the project, that is concise and focused, and that will most likely assist a prospective subject to understand the research and choose to participate. This summary should include:

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

There are no expected risks to you because of participating in this study.

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
	+ If applicable, explain the pSite’s local tax reporting policy when subjects receive compensation or reimbursement when participating in research studies.
* 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. If applicable, indicate that data collected at this psite will be shared with The University of Arizona and any other collaborating institutions.

If educational records will be accessed:

* Specify the records that may be disclosed;
* State the purpose of the disclosure; and
* Identify the party or class of parties to whom the disclosure may be made.

{Describe the way you will maintain the confidentiality of records that identify the subject. Use words to the following effect, if appropriate:} Your name will not be used in any report. Identifiable research data will be encrypted, and password protected.

{If you will be coding the data:} Your responses will be assigned a code number. The list connecting your name to this code will be kept in an encrypted and password protected file. Only the research team will have access to the file. When the study is completed and the data have been analyzed, the list will be destroyed.

{If you are using an audio or video recording, or photographs in the study, describe if and when such materials will be destroyed}: With your permission, I would like to audiotape this interview so that I can make an accurate transcript. Once I have made the transcript, I will erase the recordings. Your name will not be in the transcript or my notes.

{For a focus group:} You will not be identified in any report or publication of this study. Even though we will tell all participants in the study that the comments made during the focus group should be kept confidential, it is possible that participants may repeat comments outside the group.

{If the study will be anonymous, use words to the following effect:} The information that you give in the study will be anonymous. Your name will not be collected or linked to your answers.

{If it is possible to deduce the participant’s identity through their responses, state the following:} Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so, and your data will be reported in a way that will not identify you.

{If the information will be shared:} Information that may identify you may be used for future research or shared with another researcher for future research studies without additional consent. [Explain]

{OR}

Information that identifies you will only be used for future research or shared with another researcher after obtaining your consent. [Explain]

{OR} Information collected about you will not be used or shared for future research studies.

{Required} The information that you provide in the study will be handled confidentially. However, there may be circumstances where this information must be released or shared as required by law. The University of Arizona Institutional Review Board and [insert pSite’s name] Institutional Review Board may review the research records for monitoring purposes.

* Who to call for questions:

For questions, concerns, or complaints about the study you may contact ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program Director at 520-626-8630 or online at https://research.arizona.edu/compliance/human-subjects-protection-program.

# Signatures are required as determined by the IRB. For many studies involving focus groups, observations, and on-line surveys it may not be necessary to obtain a signature from participants. Instead, a statement such as: “*by taking part in this interview, you are allowing your responses to be used for research purposes*” will suffice.

# Use this signature line when you will be obtaining written consent.

# Signing the consent form

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

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| **Printed name of subject** |  | **Signature of subject** |  | **Date** |

If you are enrolling minors, include this section.

|  |  |
| --- | --- |
|  |  |
| **Name of child**  |  |