

Model Consent Form (remove or replace statements marked in red before submitting).

NEW JERSEY INSTITUTE OF TECHNOLOGY
323 MARTIN LUTHER KING BLVD.
NEWARK, NJ 07102

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY:

I, _____, have been asked to participate in a research study under the direction of Dr(s). _____
(Insert name(s) of faculty or staff.)

Other professional persons who work with them as study staff may assist to act for them.

PURPOSE: (INSERT DESCRIPTION OF THE PURPOSE OF YOUR STUDY HERE.)

DURATION:

My participation in this study will last for _____ (days, weeks, months).

I have been told that my participation in this research study is important for the success of the research and that the results of this research study are expected to produce the following benefits to society and for me as a subject.

BENEFITS FOR SOCIETY AND THE SUBJECT:

I have been told that the benefits are: (INSERT DESCRIPTION OF BENEFITS TO BE DERIVED FROM THIS RESEARCH)

PROCEDURES:

I have been told that, during the course of this study, the following will occur: (INSERT EXPECTATIONS WITH REGARD TO PARTICIPATION HERE.)

PARTICIPANTS:

I will be one of about _____ participants in this study.

EXCLUSIONS:

I will inform the researcher if any of the following apply to me: (INSERT EXCLUSIONS HERE.)

RISKS/DISCOMFORTS:

I have been told that the study described above may involve the following risks and/or discomforts: (INSERT ANY RISKS HERE.)

There also may be risks and discomforts that are not yet known.

I fully recognize that there are risks that I may be exposed to by volunteering in this study which are inherent in participating in any study; I understand that I am not covered by NJIT's insurance policy for any injury or loss I might sustain in the course of participating in the study.

CONFIDENTIALITY:

I understand confidential is not the same as anonymous. Confidential means that my name will not be disclosed if there exists a documented linkage between my identity and my responses as recorded in the research records. Every effort will be made to maintain the confidentiality of my study records. If the findings from the study are published, I will not be identified by name. My identity will remain confidential unless disclosure is required by law.

VIDEOTAPING/AUDIOTAPING: (INCLUDE ONLY IF APPLICABLE. OTHERWISE, REMOVE THIS SECTION.)

I understand that I will be video and audio taped during the course of this study. Video and audio tapes will be stored for (insert time frame; minimum 3 years) after the end of this project (enter date in parentheses). After that time, the recordings will be erased. Recordings will be stored digitally on the NJIT servers and will not be made available to anyone except investigators who are involved in this research.

PAYMENT FOR PARTICIPATION:

I have been told that I will receive \$_____ compensation for my participation in this study.

RIGHT TO REFUSE OR WITHDRAW:

I understand that my participation is voluntary and I may refuse to participate, or may discontinue my participation at any time with no adverse consequence. I also understand that the investigator has the right to withdraw me from the study at any time.

INDIVIDUAL TO CONTACT:

If I have any questions about my treatment or research procedures, I understand that I should contact the principal investigator at: (INSERT CONTACT INFORMATION (I.E., MAILING ADDRESS, TELEPHONE NUMBER AND E-MAIL OF) FACULTY OR STAFF HERE.)

If I have any addition questions about my rights as a research subject, I may contact:

Office of Research
New Jersey Institute of Technology
323 Martin Luther King Boulevard
Newark, NJ 07102
(973) 642-4877
irb@njit.edu (email is preferred)

SIGNATURE OF PARTICIPANT (see next page for reader/translator signatures)

I have read this entire form, or it has been read to me, and I understand it completely. All of my questions regarding this form or this study have been answered to my complete satisfaction. I agree to participate in this research study.

Participant Name _____

Signature _____

Date _____



SIGNATURE OF READER/TRANSLATOR IF THE PARTICIPANT DOES NOT READ ENGLISH WELL

(Only needed if English fluency is not an exclusion criteria)

The person who has signed above, _____, does not read English well. I understand English and am fluent in (name of the language) _____, a language the subject understands well. I have translated for the subject the entire content of this form. To the best of my knowledge, the participant understands the content of this form and has had an opportunity to ask questions regarding the consent form and the study, and these questions have been answered to the complete satisfaction of the participant (or his/her parent/legal guardian).

Reader/Translator Name _____

Signature _____

Date _____

SIGNATURE OF INVESTIGATOR OR RESPONSIBLE INDIVIDUAL

To the best of my knowledge, the participant named in this form has understood the entire content of the above consent form, and comprehends the study. The questions of the participant and those of his/her parent/legal guardian have been accurately answered to his/her/their complete satisfaction.

Investigator's Name _____

Signature _____

Date _____