

SAMPLE CONSENT FORM: Fill in the boldfaced sections in simple, clear, and grammatical English. All elements must be included but should be modified in language and content appropriate to your research and your subjects.

[Title of Project]

To Project Participant:

You are invited to take part in a research project conducted by **[name of Principal Investigator and Institutional affiliation, e.g., “a graduate student at California State University, Los Angeles”]**. In this study we hope to learn more about **[subject of study]**. You were selected to participate in this study **[explain selection process]**. We hope that our research will lead to **[reasonably expected benefits to subject or others]**.

[Describe what the subject will be expected to do. State the duration of the subject's participation. If there is to be any compensation, state the compensation.]

[Describe the risks involved, discomforts, or inconveniences; if there is none, state that there is none expected. If the only potential risk is a loss of confidentiality, you must say so. For research taking place on the Cal State L.A. campus: If medical risks are involved and the participants are Cal State L.A. students, state: "We do not expect any of these adverse medical effects to occur. However, if you do experience any medical problems as a result of your participation, necessary medical treatment within the scope of the services authorized by the Trustees of the California State University will be provided by the staff at the Student Health Center." If medical risks are involved and the participants are not Cal State L.A. students, state: “First aid will be provided at the Student Health Center and you will be referred to your health care provider for further treatment.”] [If a medical treatment is involved, include a brief description of alternatives.]

Reports resulting from this study will not identify you as a participant. All information gathered in this study will remain confidential and be given out only with your permission or as required by law. If you give us permission by signing this consent form, we will protect your confidentiality. **[Briefly explain the method of confidentiality, e.g. by numbered cross-references or by keeping the files locked up. Consent forms, audio- or videotapes, numbered cross-references, and data should be kept in separate locked locations. Indicate how long files will be kept before being destroyed; the minimum requirement is three years following completion of the study. If the principal investigator is a student, files must be kept in the adviser’s or other department office, although anonymous data files may be used at the student’s home during the project period. [Explain any exceptions to the protection of confidentiality, i.e. define “as required by law.” For example, if children are involved, state, “However, like teachers and health care workers, we are obligated under California law to report any abuse that we encounter or reasonably suspect.” If elders are involved, include a similar statement. If details about past criminal behavior or intent to commit a crime may be revealed, include an appropriate statement.]**

If you have any questions about this research at any time, please call **[Principal Investigator]** at **[phone number]** or write **[him/her]** at **[email address and street address]**. **[Also list any other appropriate names, phone numbers, and addresses, e.g., Faculty Adviser, Campus Sponsor.]**

By signing this consent form you indicate that you have read the form and agree voluntarily to participate in the study. If you choose not to take part there will be no penalty or loss of benefits to which you are entitled. If you agree to take part, you are free to withdraw from it at any time. Likewise, no penalty or loss of benefits to which you are otherwise entitled will occur.

I agree to participate in **[name of research project]**, as set out above.

Signature

Date

THIS PROJECT HAS BEEN REVIEWED BY THE CALIFORNIA STATE UNIVERSITY, LOS ANGELES INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH. ADDITIONAL CONCERNS AND COMPLAINTS, OR QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT, SHOULD BE DIRECTED TO THE DIRECTOR OF RESEARCH ADMINISTRATION (Phone number: 323-343-5366).

Revised 10/5/01