**Informed Consent Form (Sample)**

**Baton Rouge Community College  
Informed Consent Form for Participants in Human Subjects Research**

Description of the Project  
You are being asked to take part in a research study of \_\_\_\_\_\_\_\_\_\_\_\_\_.

Reason the Subject was Recruited  
We are asking you to take part in this study because you \_\_\_\_\_\_\_\_\_\_\_\_\_.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

Purpose of the Study  
The purpose of this study is to \_\_\_\_\_\_\_\_\_\_\_\_\_.

Description of Procedures  
The procedures to be employed in the study are \_\_\_\_\_\_\_\_\_\_\_\_\_.

Requirements for Participating  
If you agree to be in this study, your commitment will include \_\_\_\_\_\_\_\_\_\_\_\_\_. The duration of the study is \_\_\_\_\_\_\_\_\_\_\_\_\_.

Risks and Benefits  
There is the **risk** that your involvement in the procedures will result in \_\_\_\_\_\_\_\_\_\_\_\_\_. You may find some of the \_\_\_\_\_\_\_\_\_\_\_\_\_ to be \_\_\_\_\_\_\_\_\_\_\_\_\_. [Note: For studies posing minimal risks or else no specific risks, use the IRB standard minimal risk statement, "I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life."]

The **benefits** of participating in this study include \_\_\_\_\_\_\_\_\_\_\_\_\_/There are no benefits to you for participating in this study.

Compensation/Not to be confused with Benefits  
Those who participate in this study will receive \_\_\_\_\_\_\_\_\_\_\_\_\_ as compensation for their time/There is no compensation for participating.  
  
  
Confidentiality Statement  
The following measures will be taken to ensure your privacy and the confidentiality of your personal information: \_\_\_\_\_\_\_\_\_\_\_\_\_

Taking part is voluntary  
Your participation in this study is completely voluntary and you may withdraw at any time. If you decide to withdraw, it will not affect your current or future relationship with Baton Rouge Community College or any other benefits to which you are entitled.

If you have questions  
The researcher(s) are \_\_\_\_\_\_\_\_\_\_\_\_\_. If you have questions at any time, you may contact \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the chair of Institutional Review Board (IRB) of the college at \_\_\_\_\_\_\_\_\_\_\_\_\_.

Statement of Consent  
By signing below, I indicate that I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent form will be kept by the researcher for at least three years beyond the end of the study.  
  
Each participant is entitled to a copy of this completed form.