

## Research Participation Informed Consent Form

Department  
College of William & Mary

Protocol #: StudentIRB-2016-xx-xx-xxxxx

Title: The title of your study

**Principal Investigators:** Your name and your faculty research advisor's name

This is to certify that I, \_\_\_\_\_, have been given the following information with respect to my participation in this study:

- Purpose of the research:** The purpose of this research is to determine ... Add a concise description of the scope, aims, and purpose of the study.
- Procedure to be followed:** As a participant in this study, I will be asked to ... Add a concise description including duration of subject's participation.
- Discomfort and risks:** There are no known risks associated with this study. Note: if there are risks involved the protocol must be submitted to the Protection of Human Subjects Committee, not Student IRB.
- Potential benefits.** There are no known benefits of participating in the study. However, my participation in this research will contribute to the development of our understanding about the nature of the study. OR if there are anticipated benefits, explain them.
- Statement of confidentiality:** My data will be anonymous. My data will not be associated with my name, nor will it be coded so that my responses may be linked to my name in any way. Note: if participant data is not anonymous, the protocol must be submitted to PHSC, not Student IRB.
- Voluntary participation:** Participation in this study is voluntary. I am free to withdraw at any time without penalty or loss of benefits. I may choose to skip any question or activity.
- Incentive for participation.** Participants will not be compensated for their participation OR participants will receive xx.
- I am aware that I must be at least 18 years of age to participate in this project. Note: if participants are under 18, the protocol must go to PHSC, not Student IRB.
- I may obtain a copy of the research results by contacting xx Provide contact information for you or the faculty PI.
- Termination of participation:** Participation may be terminated by the experimenter if it is deemed that the participant is unable to perform the tasks presented.
- Questions or concerns regarding participation in this research should be directed to: Dr. XX at 757-221-xxxx, email@wm.edu. Enter the contact information for your faculty PI.
- I am aware that I may report dissatisfactions with any aspect of this study to Dr. Tom Ward, the Chair of the Protection of Human Subjects Committee, by telephone (757-221-2358) or email ([jward@wm.edu](mailto:jward@wm.edu)).

I agree to participate in this study and have read all the information provided on this form. My signature below confirms that my participation in this project is voluntary and that I have received a copy of this consent form.

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Signature

Date

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Witness signature

Date

THIS RESEARCH IS FUNDED BY THE ROY R. CHARLES CENTER AT THE COLLEGE OF WILLIAM & MARY. THIS PROJECT WAS APPROVED BY THE COLLEGE OF WILLIAM & MARY STUDENT INSTITUTIONAL REVIEW BOARD COMMITTEE (phone: 757-221-3966) ON 2016-xx-xx AND EXPIRES ON 2016-xx-xx.