

# Sample Participant Informed Consent Form

## College of William & Mary

The general nature of this study entitled " \_\_\_\_ (title here) \_\_\_\_ " conducted by \_\_\_\_ (investigators names here) \_\_\_\_\_ has been explained to me. I understand that I will be asked to \_\_\_\_\_ (specific procedures regarding the subject participation here, including any potential risks) \_\_\_\_\_. My participation in this study should take a total of about \_\_\_\_\_ hours/minutes. I understand that my responses will be confidential or that anonymity will be preserved (include appropriate term; "confidential" indicates that subjects' identities and responses will be known to investigator but will not be divulged; "anonymity" indicates that subjects' identities will not be known or connected to responses) and that my name will not be associated with any results of this study. I know that I may refuse to answer any question asked and that I may discontinue participation at any time. I also understand that any grade, payment, or credit (include one of these situations, if applicable) for participation will not be affected by my responses or by my exercising any of my rights. Potential risks resulting from my participation in this project have been described to me. I am aware that I may report dissatisfactions with any aspect of this experiment to the Chair of the Protection of Human Subjects Committee, Dr. Lee Kirkpatrick, 1-855-800-7187 or consent@wm.edu. I am aware that I must be at least 18 years of age to participate. My signature below signifies my voluntary participation in this project, and that I have received a copy of this consent form.

\_\_\_\_\_

Date

Signature

\_\_\_\_\_

Print Name

***NOTE: After the project is approved under EXPEDITED or FULL REVIEW, please insert the following statements in the footer of the informed consent form:***

THIS PROJECT WAS APPROVED BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone: 757-221-3966) ON [INSERT DATE] AND EXPIRES ON [INSERT DATE]. **[INSERT PROTOCOL NUMBER HERE: e.g. PHSC-2012-07-01-1234-xxxx]**

If study subject has any questions in regard to this project, please contact the Principal Researcher directly: (name, contact information).

***If project is determined to be EXEMPT FROM FORMAL REVIEW under 45 CFR 46.101(b), please insert this statement in the footer of the informed consent form:***

THIS PROJECT WAS FOUND TO COMPLY WITH THE APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone: 757-221-3966) ON [INSERT DATE].

**If study subject has any questions in regard to this project, please contact the Principal Researcher directly:** (name, contact information).

**NOTE:** Additional procedures concerning [informed consent](#), along with additional [sample consent forms](#), can be found in the [Guidebook of Policies and Procedures for Research Involving Human Subjects](#) on the Protection of Human Subjects Committee web site.

Revised 06/08/12