**Informed Consent Agreement Form**

Institutional Review Board | Ouachita Baptist University

*This form is distributed to subjects in approved IRB studies who are age 18 and up.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please read this agreement carefully before you decide to take part in the study.**  **You must be at least 18 years old to participate.** | | | | | |
| **Project Title** | | | | | |
|  | | | | | |
| **Purpose of Study** | | | | | |
| The purpose of this study is… | | | | | |
| **Required Tasks in the Study** | | | | | |
| During the study, you will be asked to do the following: | | | | | |
| **Dates of Study** | | | | | |
|  | | | | | |
| **Location of Study** | | | | | |
|  | | | | | |
| **Time Commitment** | | | | | |
| Number of Sessions |  | Time Per Session (minutes or hours) |  | Total Project Time  (hours) |  |
|  | | | | | |
| **Risks of Participation** | | | | | |
| There are minimal risks and inconveniences to participating in this study. These include: | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benefits of Participation** | | | | |
| This study may help us understand [indicate benefits to the individual, university, and/or humanity]. | | | | |
| **Compensation** | | | | |
| [If participants are NOT compensated, indicate “You will not receive payment for participating in the study.”]  [If payment, a gift card, or credit is being offered, provide a brief explanation.] | | | | |
| **Confidentiality** | | | | |
| The information you provide in the study will be handled confidentially and may be assigned a code number. Any list connecting your name to this number will be secure. Regardless, your name will not be used in any report. Data collected from the study will be stored [explain how data will be stored]. Only [list of individuals] will have access to the data collected. The data will be retained for [number of years] after the study and will then be disposed of by [indicate disposal method]. | | | | |
| **Voluntary Participation** | | | | |
| Your participation in the study is completely voluntary, and you have the right to withdraw from the study at any time. | | | | |
| **Contacts** | | | | |
| For questions and concerns about the study, contact:  [Name], Principle Researcher  [Department or Program]  Ouachita Baptist University  OBU Box [nnnn]  410 Ouachita Street  Arkadelphia, Arkansas 71998-0001  [Name], Faculty Sponsor  Office Phone Number | | For questions regarding your rights in this study, contact:  Dr. Lewis A. Shepherd, Jr., Chair  Institutional Review Board  shepherdl@obu.edu  Ouachita Baptist University  OBU Box 3790  410 Ouachita Street  Arkadelphia, Arkansas 71998-0001  (870) 245-5302 | | |
| **Agreement** | | | | |
| I have read and understand this document and have had the opportunity to have my questions answered. I agree to participate in the research study described above. I also certify that I am 18 years of age or older. | | | | |
| **Signature** |  | | **Date** |  |

*You will receive a copy of this completed form.*

*If you would like a summary of the results of this study, please contact the principal researcher.*