Informed Consent [Medical or Nursing]

Signature Required

I am [Name], a [program name] student at Troy University and I am conducting a study under the supervision of [Name of Chair]. The purpose of this study is to [unique purpose statement]. You are being asked to participate [or "your child" if population of interest is under age of 18] in this study because [explanation of inclusion criteria].

Special Note: If your population of interest is under the age of 18, this form becomes a Parental Informed Consent and you will need to also create a Pediatric Assent form where you will get permission from the minor to participate. A Recruitment Script will also be required so recruiting is transparent and uniform. Include details of exactly what the minor will be asked to do in the Parental Informed Consent.

If you choose to participate, [specify what will happen to or what will be required of the participant]. This should only take [X amount of time; specify if the intervention or data collection will be on the same day or different days and times]. [Specify if data will be collected about them from any other source: medical records, etc.]. On these days and times, you will be asked to [detail exactly what is required of the participant].

The risks of participation in this study are [minimal or other accurate description]. They include possible [physical, psychological, economic] risks. [Detail each risk along with what will be done to minimize it. Include any "data" from blood samples or other DNA rich samples]. There are potential benefits to you from participation, as well. [Detail each one].

Special Note: With medical or nursing research especially, there are always potential or actual risks—sometimes multiple ones. Words such as "minimal" or "possible" are usually appropriate to include when describing risks. Psychological distress, pain, discomfort, fear of being fired or failed in a class, etc. Researchers should include in their designs certain interventions to minimize or address these risks, should they occur.

Your information will be kept confidential. Only [Name of Chair] and [Name of Student] will have access to it. [Detail how it will be kept—electronic files, etc. and how it will be kept securely—password protected file/computer/locked drawer]. Your recorded information will be destroyed after three years. Any publications or presentations based on this research will present data in a group form so you cannot be identified.

Special Note: If data will be collected electronically or online, specify process surrounding the collection of IP addresses and de-identification of data.

Your participation in this research study is entirely voluntary and you may refuse to participate or discontinue your participation at any time without penalty. If you decide to discontinue your participation during the study, your data will be removed and destroyed. Your decision about participation will not affect your relationship with [researcher, teacher, coach, university, grades, etc.].

Special Note: If participants are minors, please add that parents can choose to stop their child's participation at any time and the related data will be destroyed.

If you have any questions about the survey, please call [Student Name] at [telephone number] or email [email address]. If you have any questions concerning rights as a research participant, contact the Institutional Review Board by sending an email to irb@troy.edu or calling 334-808-6294.

Special Note: Be sure that the final informed consent is at or below an 8th grade reading level for the general population. For college students, the reading level should be at or below the 12th grade. This should be measured through the Fleisch-Kincaid program, located in Word.

Be sure to remove "Special Notes" and bracketed elements in the final draft of your consent.

Signature_____ Date_____

Printed Name_____