CONSENT FORM

Evaluation of IRB Procedures Regarding Informed Consent

Background Information

You are invited to be in a research study about the use of informed consent in research. You were selected as a possible participant because you have submitted an application to the OSU IRB in the past five years. We ask that you read this form and ask any questions you may have before agreeing to be in the study. Your participation is entirely voluntary.

This study is being conducted by: Whitney McAllister, University Research Compliance, Oklahoma State University, under the direction of Dr. Hugh Crethar, Applied Health & Educational Psychology, Oklahoma State University.

Procedures

If you agree to be in this study, we would ask you to do the following things: Participate in an interview, complete a demographics survey and psychological testing, complete a short memory exercise, and provide saliva samples.

Participation in the study involves the following time commitment: No more than 2 hours.

Biospecimen Sampling for Research:
Research using biospecimens (saliva, blood, tissues, etc.) is an important way to try to understand human disease and functioning. There are several things you should know before allowing your biospecimens to be studied.

The type of specimens that will be stored and where they will be stored: Saliva samples will be collected and will be stored in a psychology department facility located on the OSU Stillwater campus.

Identifiability of Biospecimens: The saliva sample will be assigned a code that does not contain your name, initials, SSN, date of birth or any other unique identifier. The sample will be linked to your survey responses via a random code.

The length of time your biospecimen will be stored until they are destroyed: Your samples will be stored until the analyses are completed, but no longer than 10 years after completion of the study. At that time, they will be destroyed.

How to withdraw your biospecimens from the study: Because your samples will not be linked to your name after they are stored, you cannot withdraw your consent to the use of the samples after they are taken.

Future Use of Biospecimens:
Information or specimens for this research may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information or specimens are shared. Since identifying information will be removed, we cannot ask for your additional consent.

The types of analyses/studies the biospecimens will be used for: Your samples will be used to test for the concentration of cortisol (a hormone that indicates stress) and will only be used in future studies studying this relationship.

_____ I consent for my samples to be saved for future research

_____ I do not consent for my samples to be saved for future research

Risks and Benefits of being in the Study

The study involves the following foreseeable risks: Loss of privacy. In order to assist with the offset of this risk, all data and biospecimens will be coded immediately and will never have your name attached. You may experience discomfort producing the required amount of saliva needed. In case of injury or illness resulting from this study, emergency medical treatment will be available at University Health Service on the OSU Stillwater campus. No funds have been set aside by Oklahoma State University to compensate you in the event of illness or injury.

The benefits to participation are: There are no direct benefits to you. More broadly, this study may help the researchers learn more about improving the informed consent process and may help future researchers design informed consent processes that are more meaningful to future research participants.

Compensation

You will receive a $5 giftcard to Aspen Coffee as compensation for your participation. You will receive payment at the conclusion of the lab session. Your de-identified biospecimens will not be used for commercial profit.

Confidentiality

The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any published report.

We will collect your information through internet surveys using Qualtrics, field notes, and saliva collection. This data will be stored in a locked filing cabinet in a locked office on the OSU campus. When the study is completed and the data have been analyzed, any code lists linking names to pseudonyms will be destroyed. This is expected to occur no later than May 2019. This informed consent form will be kept for 3 years after the study is complete, and then it will be destroyed. Your data collected as part of this research project, may be used or distributed for future research studies.

The research team works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. However, your participation in this online survey involves risks similar to a person's everyday use of the internet. If you have concerns, you should consult the survey provider privacy policy at https://www.qualtrics.com/privacy-statement/.

It is unlikely, but possible, that others responsible for research oversight may require us to share the information you give us from the study to ensure that the research was conducted safely and appropriately. We will only share your information if law or policy requires us to do so.

Voluntary Nature of the Study

Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time. The alternative is to not participate. You can skip any questions that make you uncomfortable and can stop the interview/survey at any time.

Contacts and Questions

The Institutional Review Board (IRB) for the protection of human research participants at Oklahoma State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at 405-744-5700, whitney.mcallister@okstate.edu. If you have questions about your rights as a research volunteer or would simply like to speak with someone other than the research team about concerns regarding this study, please contact the IRB at (405) 744-3377 or irb@okstate.edu. All reports or correspondence will be kept confidential.

You will be given a copy of this information to keep for your records.

Statement of Consent

I have read the above information. I have had the opportunity to ask questions and have my questions answered. I consent to participate in the study.

Indicate Yes or No:

I give consent for my data to be used in future research studies:
___Yes ___No

I give consent to be contacted for follow-up in this study or future similar studies:
___Yes ___No

Signature:_____ Date: _____

Signature of Investigator:_____ Date: _____