 [Insert Department]

[CONSENT/PARTICIPANT INFORMATION] Form

[Insert Title of Study]

***Note to investigators:*** *this template encompasses all of the required and some additional elements of informed consent, as required by federal regulations for EXEMPT Studies only. In the header above enter your Department. Please use consent form if you are asking for written consent and use participant information form if you are requesting a Waiver of Documentation of Consent (no signature line).*

*Text that does not apply to your research should be deleted or modified as appropriate. Be sure to delete all instructive text, which is in red, italicized font throughout the document, before submitting the informed consent for IRB review. Sections highlighted in grey are fillable text fields you are expected to complete. The IRB recommends using multiple paragraphs or bullet points, especially in sections like risks and procedures, to enhance readability for participants.*

### Background Information

We are inviting you to be part of a research study about *[briefly explain the topic].* This form will tell you what the study is about, what we will ask you to do, and how your information will be used. Please read this carefully. Feel free to ask questions if you don’t understand something. Taking part in this study is completely your choice. You can decide not to join, or if you join, you can stop at any time. There is no punishment or penalty if you decide not to take part or if you quit later. *(If applicable)* Your decision whether to participate in this study will not affect your *[Explain for your applicable population involved in the study. Example: job; medical care; grades in school, etc.)]*

**This study is being conducted by:**

This study is being done by *[researcher’s name*] from [*department]* at Oklahoma State University.

*If the researcher is a student:*
The study is being done by *[student’s name]* and supervised by *[faculty advisor’s name and department].*

**Procedures**

*It may be helpful to use pictures, tables, and/or flowcharts to improve participant comprehension of the procedures involved. If your study involves deception, please give as much information as possible without using false statements* *If the study involves biospecimens, please use the Biomedical Informed Consent Template instead.*

If you decide to join, we will ask you to:

*[Explain in simple terms what participants will do. Example: “Fill out a survey, answer questions in an interview and/or focus group, or complete an activity.”]*

It will take about *[insert time, e.g., 30 minutes].*

*If there are multiple sessions:*

There are *[# of sessions].* Each session will take about *[insert time, e.g., 30 minutes].*

*If the study involves recordings (audio or video), add:*
We will be [*recording audio and/or video of you*] as part of the study.

### Benefits and Risks of being in the Study

*List direct benefits to subjects. If no direct benefits, list the benefit to society. This section must be consistent with the benefits as explained in the protocol submitted to the IRB. DO NOT include compensation, payments, extra credit/SONA in this section. The IRB encourages use of multiple paragraphs or bullet points in this section.*

*OR*

*If no direct benefits:*

You may not get direct benefits from this study, but your participation could help researchers learn more about *[topic]* and help others in the future.

This study involves the following risks:
*[Explain any possible risks, e.g., “You may feel uncomfortable answering some questions.” “Conducting these activities could result in risks such as…”](See Examples below)*

We will take steps to reduce these risks by *[explain how risks will be minimized, e.g., “allowing you to skip any questions you don’t want to answer”].*

*Risk Examples:*

**Privacy Risks**: There is a chance your privacy could be at risk, but there are steps in place to keep your information safe. These steps are explained later in this form.

**Social/Economic Risks**: This study may include questions that could affect your social or financial status (like your reputation, job, or culture). If any question makes you uncomfortable, you can skip it or choose to quit the study at any time.

**Injury or Illness**: [Describe the possible risks of injury or illness and what you will do to reduce those]. If you get hurt or sick because of this study, emergency medical care will be available [explain how and where]. However, Oklahoma State University will not provide money to compensate you for any injury or illness.

**Sensitive or Embarrassing Content**: This study may include material that some people might find sensitive or embarrassing (such as offensive, threatening, or upsetting content). If any question makes you uncomfortable, you can skip it or quit the study at any time. If you feel stressed or upset, we recommend getting help from a professional. [You can also contact the researcher for information on where to find support. OR The researcher will provide a list of local/national resources for professional help at the end of the study.]

OR

There are no risks in this study that are greater than what you experience in daily life.

*If in person procedures are being used the following should be included:*

### What About COVID-19 Safety?

If this study involves meeting in person, we will take steps to reduce the risk of spreading COVID-19:

* People with COVID-19 symptoms will not take part.
* We will try to stay at least 6 feet apart.
* Masks and hand sanitizer will be available if needed.
* We will clean surfaces and equipment between participants.

**Will You get Paid?**

*If participants will receive a small token or chance in a drawing, include that information here. Explain when distribution will occur and the conditions of payment. For example, if monetary payment will be prorated due to early withdraw. If using a Drawing: Describe the odds of winning the drawing. If using Extra Credit/SONA: If participants will receive class points or get SONA credit, please note the number of points as a percentage of the grade and include the alternative assignment. Note: Each department has its own SONA requirements, so be sure to check with your department to confirm that all requirements are fulfilled.*

*If participant is not getting paid:*

*[“You will not be paid for participating.”]*

*If compensation is provided, outline the type of compensation.*

You will be paid for taking part in the study. *[Explain compensation, if any, e.g., “You will receive a $10 {brand type} gift card for participating”. “You will get the compensation right after completion OR at the end of the study”]*

*If there is a drawing:*

You will be entered into a drawing for [*describe prize].* The chance of winning is [*state odds, e.g., “1 in 20”].*

*If extra credit is being provided:*

You will earn [*specify amount]* points of extra credit for participating. If you don’t want to participate, you can do [*alternative assignment*] for the same credit. [*If there is a range that is provided for extra credit, please be sure to clarify that information here.]*

*If SONA credit is provided:*

You will earn [*specify amount]* SONA credits for participating in this study. Your credit will be provided immediately, or your credit will be provided *[list time frame] (revise as applicable).*

*Insert if study involves online surveys for preventing fraudulent responses/bots:*

If the research team discovers that participants falsified their identity to meet eligibility criteria, the team reserves the right to dismiss the participant from the study and to not pay them for participation.

*If compensation is over $100:* You may need to provide your social security number to receive payment. *If necessary:* To be eligible to receive the compensation, you need to *[Describe Prorated Payment].*

*Include if using mTurk:*

MTurk does not allow for prorated compensation. In the event of an incomplete Human Intelligence Tasks (HITs), you must contact the research team and compensation will be determined based on what was completed and at the researchers' discretion.

**PLEASE NOTE: This study contains a number of checks to make sure that participants are finishing the tasks honestly and completely. As long as you read the instructions and complete the tasks, your HIT will be approved. If you fail these checks, your HIT will be rejected.**

**How Will Your Information Be Kept Private?**

*Use this section to describe how you will keep the participant’s data private and confidential. This should include a brief statement about how you will collect their data, store it, and use it in your study.* *Select the text appropriate for your particular study. Address then delete instructional text once complete. These examples will not cover all situations, please adjust as needed for your study.*

*Anonymous: The Researcher Does Not Know Who Participated in the Study:*

The information you share in this study will be anonymous. This means your name will not be collected or connected to your answers. Once you finish the study, we will not be able to remove your data because it will not be linked to you.

*Anonymous Results, but the Researcher Knows Who Participates in the study:*

The information you share will stay anonymous, meaning your name will not be collected or connected to your answers. Only the researchers will know that you took part in the study. Once you finish, we will not be able to remove your data because it will not be linked to your name.

*Coded Data Connected with Participant Information or false names used:*

The information you share will be kept private. We will assign a code or fake name to your information. Your name will not appear in any reports. *If applicable-* A list connecting your real name to the code will be stored in a safe place and stored separately from all other study data. After the study is done and the data is analyzed, we will destroy the list. This list is to be destroyed by *[list timeframe here. Ensure that this information matches what is listed in the IRB Application].*

*When Researchers cannot guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview, ethnographic research, oral history projects).*

Sometimes, we may not be able to keep your information completely private. For example, in interviews, focus groups, or other situations, others may know what you shared. The Researcher(s) will do everything possible to keep your information private, but we cannot promise total confidentiality. Your name will not be used in any publications or reports. However, if your story or situation is unique, it may be possible for someone to recognize it.

*If your research is in a group setting*

If you take part in a group activity, we will ask everyone to keep what is shared private. But we cannot guarantee they will do so.

*If your study involves online interactions (Qualtrics, Prolific, Zoom, mobile app, etc), include the following:*

The research team will do its best to keep your information private, using the technology available. However, because you are answering online, there is a small chance that someone who is not supposed could see your answers. This risk is similar to what you might face when using the internet in daily life. If you have concerns, you can check the privacy policy of the online provider here*: [insert link to online privacy policy].*

*Include if using mTurk:*

Your Mechanical Turk Worker ID will be used to distribute payment to you but will not be stored with the research data we collect from you. Please be aware that your MTurk Worker ID can potentially be linked to information about you on your Amazon public profile page, depending on the settings you have for your Amazon profile. We will not be accessing any personally identifying information about you that you may have put on your Amazon public profile page.

**How Your Information Will Be Collected and Stored?**

We will collect your information using *[examples: interviews, surveys, or audio/video recordings].* Your information will be stored in *[examples: a locked drawer, an encrypted flash drive, or a secure online system].*

If your information includes personal details, we will separate and destroy those details after the study is done. This will happen by *[state timeframe, e.g., "within six months"].*

*If the study includes recordings:*
Audio or video recordings will be transcribed (written down). Once this is done and checked, the recordings will be deleted. This will take about *[state timeframe, e.g., "two months"].*

**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 *[Phone number],* *[E-mail address].* *If the PI is a student, please also include faculty advisor’s contact information.* 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.

**Statement of Consent**

I have read this form and understand what the study is about. I have had the chance to ask questions. By signing this, I agree to take part in the study.

*Add and remove the following statements as applicable to your study:*

Indicate Yes or No:

I agree to be audiotaped during this study.

\_\_\_Yes \_\_\_No

I agree to be videotaped during this study:

\_\_\_Yes \_\_\_No

I agree to let my identity be shared in any written materials from this study:

\_\_\_Yes \_\_\_No

I agree for my data to be used in future research studies:

\_\_Yes \_\_\_No

I agree to be contacted for follow-up in this study or future similar studies:

\_\_\_Yes \_\_\_No

*Use the following for Written Informed Consent:*

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Signature of Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*OR*

*If you have applied for a Waiver of Documentation of Consent (No Signature Line) Use the following instead:*

**If you agree to join the study, please *[explain what they should do, e.g., “click ‘I agree’ to continue” or “complete the attached survey”]*.**

*OR*

*If you are collecting Oral/Verbal Consent, use the following:*

Participant ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Verbal Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_