Please delete all information in red and modify the header. Remember that information in the consent should match what is described in your protocol. If you use multiple consents in your study, place a colon after “Informed Consent Agreement” at the beginning, and indicate the target participant group for this consent. Always write your consent as if you are in person addressing the participant directly – use phrases like “you will” and not “participants will.”

**Model Informed Consent Agreement**

**Please read this consent agreement carefully before you decide to participate in the study.**

**(Optional section for longer consents) Consent Form Key Information:** Provide a list of the key elements in a bulleted list. Use this section for complicated consent forms (generally over four pages long) so that the participant can process more quickly the main ideas of the consent form. For example:

* Participate in a 4-5 hour study about ice cream flavor preferences
* Take 3 surveys including a personality quiz
* No information collected that will connect identity with responses
* Potential for the surveys to make you want ice cream but we will provide it after the survey to help with any cravings

**Purpose of the research study:** The purpose of the study is… This section should match your description in the **Study Overview** section of your iProtocol protocol form. Please provide concise information that is easy to understand.

**What you will do in the study:** Be specific; provide an accurate description of what the participants will do, as described in the **Participant Groups** section. Include a brief statement about the data you will collect from the participant. If the participant will be photographed, or audio/video recorded, include a description in this section. If your study involves deception, please give as much information as possible but do not use the consent form as part of the deception; everything in the consent form should be true. If your study involves an interview or a survey, inform participants that they can skip any question that makes them uncomfortable and they can stop the interview/survey at any time.

**Time required:** The study will require about \_\_\_ hours of your time. If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment (as outlined in the “What you will do in the study” section above) and the total time for all sessions.

**Risks:** Describe the risks and what you will do to minimize the risks, as described in **Risks and Benefits** section of your protocol. Include all possible physical, psychological, professional or personal risks and/or hazards for the participants in this section. Any risks listed in the **Risks and Benefits** section of the protocol must be addressed in the consent form. However, it is important to not overstate the risks as well. If there are no risks to the participant, then state: There are no anticipated risks in this study.

**Benefits:** There are no direct benefits to you for participating in this research study. The study may help us understand… Provide information as described in the **Risks and Benefits** section. Please limit your benefits section to one or two sentences. Please do not overstate the benefits or include payment or credit in the benefits section.

**Confidentiality:** Use this section to describe how you will keep the participant’s data private and confidential. This could include a brief statement about how you will collect their data, store it, and use it in your study, as stated in the **Data** section.

The following text can be used as a model for the more common data collection scenarios:

**Data linked with identifying information:**

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 report. If you are using an audio/video recording(s) of the participant, or photograph in the study, describe when their materials will be destroyed.

**Data not linked to identifying information:**

The information that you give in the study will be anonymous. Your name and other information that could be used to identify you will not be collected or linked to the data. If it is possible for you (the researcher) to deduce the participant’s identity, state the following: Because of the nature of the data, it may be possible to deduce your identity, however there will be no attempt to do so and your data will be reported in a way that will not identify you.

**Confidentiality cannot be guaranteed:**

In some cases it may not be possible to guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview). Please use the following text if you cannot guarantee confidentiality: Because of the nature of the data, I cannot guarantee your data will be confidential and it may be possible that others will know what you have reported. Please note that in some cases if confidentiality cannot be guaranteed, it may be a risk to the participant and should be explained in the “Risks” section as well.

**Voluntary participation:** Your participation in the study is completely voluntary. If the participant is receiving treatment or service at a facility where the study is conducted, state that their treatment or service will not be affected by their participation in the study. If the participant is a student or employee state the following: Your decision to participate will have no effect on grades or school services.

**Right to withdraw from the study:** You have the right to withdraw from the study at any time without penalty. If you are using an audio/video recording, please state that the participant’s audio/video recording (physical or digital) will be destroyed should they decide to withdraw. If the data are anonymous state: Because the data are not connect to your identity, you cannot withdraw after you submit your data.

**How to withdraw from the study:** Please modify this section so that it accurately describes how to withdraw from the study while it is being conducted and how to withdraw after it is completed, where appropriate (it may be impossible to withdraw if the data are anonymous).

If you want to withdraw from the study, (explain how to withdraw from the study, such as “tell the researcher and leave the room” or “tell the interviewer to stop the interview”). There is no penalty for withdrawing or withdrawing will not affect your experience as a patient/student/employee. If participant is a student: Withdrawing will not affect your grades or school services. If payment or course credit is being offered, include the following phrase: You will still receive full payment (or credit) for the study. Payment can be prorated if there are multiple sessions. If you would like to withdraw after your materials have been submitted, please contact… If deception is included in the study, let the participant know that they will be debriefed if they withdraw from the study and that their data will be destroyed.

**Payment:** You will receive no payment for participating in the study. If payment or credit is being offered, describe it here. If the payment involves a lottery or drawing, describe the odds of winning the payment. If you are offering class credit to participants from a participant pool, please use the specific term: “class participation credit.”

**Using data beyond this study:** Use this section to describe how the data will be used beyond the study including making data available for other studies beyond the original study (secondary use of data). Make sure this statement fits how the data will be used; future studies that contradict what is described in this section risk not being approved by the IRB. If the data will not be used, state how long the data will be kept and that it will be destroyed.

(secondary data option) The researcher would like to make the information collected in this study available to other researchers after the study is completed. The researcher will remove any identifying information (such as your name, contact information, etc.) connected to the information you provide. The researcher will share all of the information collected in this study (not just your individual file) with other researchers for future research studies, including but not limited to (describe examples of potential future studies). The researcher will make the information available on a public website such as (include website). Researchers of future studies will not ask your permission for each new study. Other researchers will not have access to your name and other information that could potentially identify you.

(destroy data option) The data you provide in this study will be retained in a secure manner by the researcher for (insert number) years and then destroyed.

**Please contact the researchers on the study team listed below to:**

* **Obtain more information or ask a question about the study.**
* **Report an illness, injury, or other problem.**
* **Leave the study before it is finished.**

Principal Investigator's Name (If there is another study team member that should be listed as the contact person, please list contact information for both the PI and the contact person).  
Department, UVA Address (no home addresses!)  
University of Virginia, Charlottesville, VA 22903.   
Telephone: (434)…  
UVA Email address

Faculty Advisor’s Name (Include this information for student or staff research projects).  
Department, UVA Address  
University of Virginia, Charlottesville, VA 22903.   
Telephone: (434)…  
UVA Email address

**You may also report a concern about a study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.**

Tonya R. Moon, Ph.D.  
Chair, Institutional Review Board for the Social and Behavioral Sciences  
One Morton Dr Suite 400   
University of Virginia, P.O. Box 800392  
Charlottesville, VA 22908-0392  
Telephone: (434) 924-5999   
Email: [irbsbshelp@virginia.edu](mailto:irbsbshelp@virginia.edu)  
Website: <https://research.virginia.edu/irb-sbs>  
Website for Research Participants: <https://research.virginia.edu/research-participants>

UVA IRB-SBS # Include Protocol Number HERE!

**Agreement:**  
I agree to participate in the research study described above.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will receive a copy of this form for your records.**