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**Informed Consent**

**Please read this consent document carefully before you decide to participate in this study. The researcher will answer any questions before you sign this form.**

**CU-IRB Approved Study Number:** <Insert study number, which will be received upon IRB approval>

**Study Title**: <Insert study title>

**Purpose**: <Insert the purpose of this research and how participants were chosen>

**Procedures**: <Insert what will be involved in the research participation, provide a detailed description of any procedures, whether or not they are experimental, and provide the amount of time required to participate>

**Potential Risks of Participating**: <Insert and discuss any potential risks; if the risk is minimal, state risks are no more than those encountered in everyday life; if emotional upset is possible, use the language from the protocol’s risk section to explain this possibility; explain how risks will be addressed, if applicable>

**Potential Benefits of Participating**: <Insert and discuss the research and its potential benefits to participants, science, and society>

**Compensation**: <Insert if compensation will be offered>

**Confidentiality**: <Insert a list of the identifying information that will be collected and explain why it is being collected, what it will be used for, and how confidentiality will be assured and maintained>

**Data Storage:** <Insert an explanation on where the data will be stored and the length of time the data will be kept>

**Data Access:** <Insert a description of anyone who may potentially access the data; include the purpose of this disclosure and what type of data (e.g., identifiable, de-identified) will be accessible; if applicable, state whether or not, after removal of identifiers, identifiable information and biospecimens could be used in future studies without additional consent>

**Voluntary Participation**: Your participation in this study is completely voluntary. There is no penalty for not participating. You may also refuse to answer any of the questions we ask you or refuse any of the procedures involved in the study.

**Right to Withdraw**: You have the right to withdraw from the study at any time without consequence. If you decide to withdraw from the study, your data <will/will not> be deleted from the study data.

**Contact information for questions about this study**:

<Insert your contact information>

**Contact information for your rights as a research participant**:

Dr. Ashley Lesniak, CU-IRB Chair

Commonwealth University of Pennsylvania

400 East 2nd Street

Bloomsburg, PA 17815

570-484-2595

**Agreement**: I have read this consent document and understand my part in the study described above. I was given the opportunity to ask questions, and all of my questions were answered to my satisfaction. I know that if I am uncomfortable with this study, I can stop anytime. I have received a copy of this description. I voluntarily agree to participate in the study.

<If research participants do not receive a copy of their informed consent form, they should then receive an informational sheet including at least the title of your study, along with your name, contact information and the contact information for the IRB.>

**Name of Participant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name of Person Obtaining Informed Consent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Person Obtaining Informed Consent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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