**INSTRUCTIONS FOR THIS FORM:**

**Unless otherwise instructed, do not edit or remove BLACK**

**text that is already populated in this document.**

**Areas in RED are to be edited to reflect your project.**

**Update the form to all black text before submitting. Delete any instructions in the document.**

**Do not copy/ paste from your protocol. Remove all citations and references.**

**Be certain to write information in plain language. Do not use jargon or abbreviations without explainers.**

 **Include *all* risks, research activities, and incentives.**

**For example, if students will receive extra credit, state the amount.**

***Remove this page prior to uploading this form.***

**Informed Consent for Participation in an**

**Exempt/Minimal Risk Research Study**

Study Title: ***(Complete title of the project as it appears on the protocol)***

Principal Investigator (PI): ***(Only one person may be named as the PI)***

***Other Investigators:***

FAU IRB# ***Enter your IRB number here***

|  |  |
| --- | --- |
| **Contact for Questions about the Study** | **PI/ Contact name:****Phone Number:****Email:** |
| **Contact for Questions about your Rights as a Research Participant, concerns or complaints not answered by the research team, or if you wish to talk to someone independent of the research.** | FAU Research Integrity Office(561) 297-1383researchintegrity@fau.edu |

You are invited to participate in a research study under the direction of {Name of Principal Investigator} of the Department of {Name of Department}, Florida Atlantic University (FAU), and paid for by {Sponsor name, if any}. Taking part in this research is entirely voluntary. *(If FAU students are participants, include the following statement)* Your academic standing (or) the status of your employment will not, in any way, be affected should you choose not to participate or if you decide to withdraw from the study at any time.

The purpose of this study is to (state the goals or objective of the research study)

What are the reasons you might choose to volunteer for this study? (State the most important reasons a person may want to participate in this study.)

You will not benefit directly from your participation in the study. The benefits to science and humankind that might result from this study are: (State the benefit to the branch of science/ field of study, or society that you anticipate will result from this study)

What are the reasons you might not choose to volunteer for this study? (State the most important reasons *{risks}* a person may NOT want to participate in this study.) Possible risks or discomforts you could experience during this study include: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (For minimal risk studies such as questionnaires/surveys, list loss of confidentiality or psychological stress when applicable).

(For focus groups, include the following statement, otherwise delete) During the focus group discussions, while we cannot guarantee the confidentiality of the discussion, we request that all present respect the group by not repeating what is said, outside the group.

If you choose to take part in this study, you will (explain procedures, and designate which ones are research activities). The total amount of time you will spend in connection with this study is (specify amount of time, in hours, days or months). You may refuse to answer any of the questions and you may stop your participation in this study at any time.

Every effort will be made to keep your information confidential, however, this can not be guaranteed. (Add a description of how you will maintain confidentiality or collect data anonymously) If results of this research study are reported in journals or at scientific meetings, the people who participated in this study will not be named or identified.

(If compensation or an incentive is provided state the amount and frequency). You will receive *(dollar amount/ credit hours*) for participation in this research.

***[Use one of the following statements about any research that involves the collection of identifiable private information or samples (biospecimens)]:***

Your information ***[or samples, if applicable]*** collected as part of this research will not be distributed or used for future research studies.

-or-

Your information ***[or samples, if applicable]***with identifiers removed might be distributed or used for future research studies without additional informed consent.

Your signature is not required, unless you prefer to sign it. (Signature sentence is not applicable for online surveys and should be deleted). Your willingness to participate in this research study is implied if you proceed.

\*Please keep a copy of this document in case you want to read it again.

DO NOT ADD A SIGNATURE LINE TO THIS DOCUMENT. IF YOU ARE OBTAINING A SIGNATURE FOR A BIOMEDICAL STUDY, USE FORM 101\_BIOMEDICAL RESEARCH CONSENT. IF YOU ARE OBTAINING A SIGNATURE FOR A SOCIAL-BEHAVIORAL STUDY, USE FORM 102\_NON-BIOMEDICAL RESEARCH CONSENT.