Franciscan Missionaries of Our Lady University

Consent to Participate in Research

Study Title:

Principal Investigator: [Name, Title, Institutional Affiliation]

Co-Investigator(s) (if applicable): [Name, Title, Institutional Affiliation]

Faculty Advisor (required for all student projects): [Name, Title, Institutional Affiliation]

Things you should know:

1. You are invited to take part in a research study. Your participation is **voluntary** and you may withdraw **at any time** with no penalty or loss of benefits.
2. The purpose of the study is to [provide a brief, simple, non-technical description of the project]. If you choose to participate, you will be asked to [do what, when, where, and how]. This will take approximately [period of time].
3. Risks or discomforts from this research include [briefly describe]. Otherwise, indicate that there will be no risks beyond what is experienced in normal, everyday activity.
4. The direct benefits of your participation are [description of potential direct benefits to participants – or state that there are no direct benefits].
5. Add the following line under one of the following conditions only:
    a. **If the project involves an intervention that might improve a condition or disease:** There may be other ways of treating your condition if you do not want to be in this research study. Check with your health care provider to discuss other options. [Describe alternatives to participating in the research. These could include an intervention or treatment available outside the research context.]
    b. **If the research participants are students who are being asked to participate in research as a course requirement:** You are not required to participate in this research – you may instead choose a comparable, non-research activity, specified by your instructor, to fulfill your course requirement.

Please take time to read this entire form and ask questions before deciding if you wish to participate in this research project.

1. **Date of Initial IRB Approval: _____**

2. **Purpose of this Study:**

3. **What Participants will Experience in this Study:**

4. **Benefits of Participating:** [Investigator should describe any direct benefits that the participant will receive by participating. Investigator may also choose to describe potential benefits, such as being able to help others by contributing to a body of knowledge.]

5. **Risks to Participants:**

    a. **Note:** If the protocol involves any kind of physical intervention, it is recommended that you include the following statement:
    b. I acknowledge that FranU/FMOLHS has no policy or plan to pay for any injuries that I might receive as a result of participating in this research study. Therefore, I understand that FranU/FMOLHS is not able to offer financial compensation nor to absorb the costs of medical treatment should I be injured due to the activities involved in this study.
    c. [Investigator should describe steps to take if a participant becomes sick or injured during the study.]

6. **Expected Total Number of Participants:**

7. **Time of Participation:**

8. **Alternatives to Participation in the Study:**

9. **Right to Refuse to Participate**: Participation is voluntary, and you may withdraw from this study at any time and for any reason. There is no penalty or loss of benefits for refusing to participate or discontinuing participation.

10. **Termination of Participation:** Circumstances [provide specific examples, if applicable] may occur that would lead the investigator to terminate your participation in this research study. If this occurs, the investigator will explain to you the reasons for termination. Any compensation you were promised for participation will not be rescinded.

11. **Participants' Right to Privacy:** [Provide explanation for how participants' personal information will be protected.]

12. **Costs of Participation:** [Investigator should inform participants about any costs involved in study participation, if applicable.]

13. **Compensation:** [Investigator should inform participants about how, when, and how much they will be compensated for participation, if applicable.]

14. **Additional Information about this Study not Indicated above:**

15. **Contact Person(s) for Questions about this Study:**

16. **Contact Person for Questions about your Rights as a Research Participant:**

Michael T. Dreznick, Ph.D., Chair
Franciscan Missionaries of Our Lady University Institutional Review Board (FranU IRB)
5414 Brittany Dr
Baton Rouge, LA 70808
(225) 526-1982
irb@franu.edu

Signatures:

I have been fully informed about this study and all of my questions, if any, have been answered. I understand that additional questions regarding the study should be directed to investigators listed on this consent form.

I understand that if I have questions about my rights as a subject, or other concerns, I can contact the Chair of the IRB at Franciscan Missionaries of Our Lady University.

I agree with the terms above, acknowledge I have been given a copy of this consent form and agree to participate in this study. I understand that I have not waived any of my legal rights by signing this form and may discontinue my participation at any time. Also, I understand that the investigator may terminate the study at any time without my consent.

_____ _____
Signature of Subject **Date**

_____ _____
Signature of Investigator (or designee) **Date**