** Informed Consent Form**

**[InsertStudy Title]**

(DELETE BEFORE SUBMISSION: The first paragraph below is a template for the “Key Information” of informed consent added with the revision to the Common Rule, effective January 21, 2019. All consent forms are now required to start with “a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not want to participate in the research.” Please note that “Key Information” will vary from study to study, so this template language may not be an appropriate way to present “Key Information” for all studies.)

You are being asked to participate in a voluntary research study. The purpose of this study is to [briefly insert purpose here]. Participating in this study will involve [briefly describe research procedures here] and your participation will last [duration]. Risks related to this research include [briefly describe risks and/or reasons a person should not participate]; benefits related to this research include [briefly describe benefits]. The alternative to participating in this study is to [provide alternative procedure or treatment, if any].

Principal Investigator Name and Title:

Department and Institution:

Contact Information:

Sponsor (if applicable):

**Why am I being asked?**

You are being asked to be a participant in a research study about [insert protocol-specific text]. The purpose of this research is to [insert protocol-specific text]. You have been asked to participate in this research because [insert protocol-specific text].

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with Salish Kootenai College or the researchers. If you decide to participate in the research, you are free to withdraw at any time without affecting those relationships.

**What procedures are involved?**

The study procedures are [insert protocol-specific text].

Example:

This research will be performed at [insert protocol-specific text]. You will need to come to the study site [insert number] times over the next [period of time]. Each of those visits will last [duration].

**What are the potential risks and discomforts?**

[Insert protocol-specific text].

**Are there benefits to participating in the research?**

[Insert protocol-specific text].

**What other options are there?**

You have the option to not participate in this study. **OR**

[Insert protocol-specific text].

**Will my study-related information be kept confidential?**

Select 1 of the 3 statements that is most applicable for your research.

Option 1:

We will use all reasonable efforts to keep your personal information confidential, but we cannot guarantee absolute confidentiality. When this research is discussed or published, no one will know that you were in the study. But, when required by law or college policy, identifying information (including your signed consent form) may be seen or copied by: a) The Institutional Review Board that approves research studies; b) auditors responsible for oversight of research; c) [if research is federally funded] Federal regulatory agencies such as the Office of Human Research Protections in the Department of Health and Human Services; or d) [Funder’s Name], the funder of this research.

Option 2:

Faculty, students, and staff who may see your information will maintain confidentiality to the extent of laws and college policies. Personal identifiers will not be published or presented.

Option 3:

Faculty, staff, students, and others with permission or authority to see your study information will maintain its confidentiality to the extent permitted and required by laws and college policies. The names or personal identifiers of participants will not be published or presented.

**Will I be reimbursed for any expenses or paid for my participation in this research?**

You will not be offered any compensation such as money or a gift for being in this study.

**OR**

[Insert protocol-specific text].

**Can I withdraw or be removed from the study?**

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests, you were to object to any future changes that may be made in the study plan, and/or [insert protocol-specific text].

**Will data collected from me be used for any other research?**

Select 1 of the 2 statements that is most applicable for your research.

Your de-identified information and/or biospecimens could be used for future research without additional informed consent.

**OR**

Your information and/or biospecimens will not be used or distributed for future use, even if identifiers are removed.

**Who should I contact if I have questions?**

Contact the researchers [insert names and titles] at [insert phone numbers] or [email addresses] if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

**What are my rights as a research subject?**

If you have any questions about your rights as a participant in this study, please contact the Salish Kootenai College Institutional Review Board at (406) 275-4931.

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this form.

Signature Date

Printed Name

Signature of Person Obtaining Consent Date

Printed Name of Person Obtaining Consent