*Note (REMOVE THIS TEXT BEFORE SUBMITTING):*

*Blue text in brackets is help text and/or information that needs to be entered. Red text is optional, sample phrasing. Do NOT delete the bold black paragraph headings. Edit this document to accurately reflect your project and relevant IRB requirements.*

**[Title of Project]**

### Consent to Participate in Research

[Version date]

**Purpose of the research:** You are being asked to participate in a research project that is being done by [PI name and student researcher name (if applicable)], from the [department name]. [If this project is funded, identify the funding source]. The purpose of this research is [describe the purpose of the project]. You are being asked to join because [inclusion and exclusion criteria].

This consent form contains important information about this project and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. Your participation in this research is voluntary.

[If your consent is more than 4 pages, include the bulleted list below to provide key information to the participant that is concise and focused, and that will most likely assist a prospective participant to understand the research and choose to participate. This presentation of information is to be short, and can summarize information explained later in greater detail. It is NOT necessary to repeat information provided in the summary. Address each bullet point.]

**Key information for you to consider:**

* General description of project
* Major requirements of the research (e.g. brain stimulation, MRI, completing questionnaires)
* The most important risks and benefits
* Other alternatives to participating, if appropriate
* Time commitment of the participant Participation in this project will take a total of [# of hours] over a period of [include the number of times the participant will be involved in research activities, how long each activity or session will take, etc.]

**What you will do in the project:** [Provide a plain language, accurate description of what the participants will do, what will happen during the project, where procedures will take place, whether any procedures are experimental, etc. If applicable, include procedures for photographing, audio or videotaping.

--If your research involves deception, give as much information as possible without using statements that are part of the experimental deception.

--If your research 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.

--See “Consent Form Additional Elements.doc” for sample language for other procedures such as VO2max, EEG, MRI, tDCS, saliva collection].

**Risks:** [Detail any known risk of harm that the participant may experience from participating in the research including physical, psychological, social, economic, legal or unknown risks. Any risks listed in the protocol must be addressed in the consent form]. There are risks of stress, emotional distress, inconvenience and possible loss of privacy and confidentiality associated with participating in a research project.

#### Benefits: [Detail any known direct benefits that the participant may experience from participating in the research]. There will be no benefit to you from participating in this research. However, it is hoped that information gained will help [describe anticipated generalized societal benefit of the research].

**Confidentiality of your information:** [Discuss steps that you will take to ensure confidentiality, e.g. where will data be stored, who will have access to the data, how will data be transferred, when will data be de-identified, security of storage (online), etc. See “Consent Form Additional Elements.doc” for Certificate of Confidentiality language]. We will take measures to protect the security of all your personal information, but we cannot guarantee confidentiality of all research data. The University of New Mexico Institutional Review Board (IRB) that oversees human research and/or other entities (such as a Sponsor or FDA) may be permitted to access your records. Your name will not be used in any published reports about this project [Revise this sentence if it you intend to use names or other identifiers in publications].

You should understand that the researcher is not prevented from taking steps, including reporting to authorities, to prevent serious harm of yourself or others.

**Use of your information for future research:** [One of the following statements is required if any identifiable private information or biospecimens/samples are collected:]

Your information collected for this project will NOT be used or shared for future research, even if we remove the identifiable information like your name or date of birth.

OR

All identifiable information (e.g., your name, date of birth) will be removed from the information or samples collected in this project. After we remove all identifiers, the information or samples may be used for future research or shared with other researchers without your additional informed consent.

#### Payment: You will not be paid for participating in this project. In return for your time and the inconvenience of participating in this project, you will be paid [amount] [cash/check/gift card] for each visit, for a total of [amount]. If you do not complete the project, you will be paid [amount] for each visit you completed. Compensation is considered taxable income. Amounts of $600 or more will be reported by UNM to the Internal Revenue Service (IRS). [If applicable, include any alternatives to the payment schedule.]

**Right to withdraw from the research:** Your participation in this research is completely voluntary. You have the right to choose not to participate or to withdraw your participation at any time without penalty. [If applicable, discuss the process for participants to withdraw once the project has begun, including how participants can request their data not be used for research. If you are using an audio or video tape, please state that the participant’s tape will be destroyed should they decide to withdraw. Also, include any circumstance in which the researcher would withdraw a participant (e.g. noncompliance with research procedures).]

If you have any questions, concerns, or complaints about the research, please contact:

[Researcher's Name, Department, Address, 1 University of New Mexico, Albuquerque, NM 87131. (505) xxx-xxxx. Email address]

If you have questions regarding your rights as a research participant, or about what you should do in case of any research-related harm to you, or if you want to obtain information or offer input, please contact the IRB. The IRB is a group of people from UNM and the community who provide independent oversight of safety and ethical issues related to research involving people:

UNM Office of the IRB, (505) 277-2644, irbmaincampus@unm.edu. Website: http://irb.unm.edu/

**CONSENT**

You are making a decision whether to participate in this research. Your signature below indicates that you have read this form (or the form was read to you) and that all questions have been answered to your satisfaction. By signing this consent form, you are not waiving any of your legal rights as a research participant. A copy of this consent form will be provided to you.

I agree to participate in this research.

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Name of Adult Participant Signature of Adult Participant Date

#### Researcher Signature (to be completed at time of informed consent)

I have explained the research to the participant and answered all of their questions. I believe that they understand the information described in this consent form and freely consents to participate.

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Name of Research Team Member Signature of Research Team Member Date