*Note (REMOVE THIS TEXT BEFORE SUBMITTING):*

*Blue text in brackets is information that needs to be entered. Red text is optional, sample phrasing.*

*Edit this document to accurately reflect your project and IRB requirements.*

**[Title of Project]**

**Informed Consent for [Surveys or Interviews or Focus Groups]**

[Version Date]

[PI name], from the [Department of department name or organization name] is conducting a research project. The purpose of the research is [briefly describe the purpose of the project]. You are being asked to participate because [inclusion and exclusion criteria].

Your participation will involve [explain procedures here]. The [survey/interview/focus group] should take about [XX] minutes to complete. The [survey/interview/focus group] includes questions such as [briefly provide examples of questions here]. Your involvement in the research is voluntary, and you may choose not to participate. You can refuse to answer any of the questions at any time. There are no names or identifying information associated with your responses (modify if identifiers will be linked to data). There are no known risks in this research, but some individuals may experience discomfort or loss of privacy when answering questions (modify to reflect risks of the research). Data will [describe data management/destruction]. [Include one of the following: 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 collected in this project. After we remove all identifiers, the information may be used for future research or shared with other researchers without your additional informed consent.]

The findings from this project will provide information on [explain expected generalized benefit]. If published, results will be presented in summary form only [include if quotes with names will be used].

If you have any questions, concerns, or complaints about the research, please feel free to call [PI name] at [number]. If you have questions regarding your rights as a research participant, or about what you should do in case of any harm to you, or if you want to obtain information or offer input, please contact the UNM Office of the IRB (OIRB) at (505) 277-2644 or irb.unm.edu.

By [provide method of enrollment] (ie signing below, clicking “OK”, returning this survey in the envelope provided, participating in the focus group/interview) you will be agreeing to participate in the above described research.

If you are requesting waiver of documentation of consent (no signature), delete the lines below.

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Name of Adult Participant Signature of Adult Participant Date

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Name of Research Team Member Signature of Research Team Member Date