**Sample Consent Form**

Tips to writing a consent form:

* [ ] indicate instruction and where language should be removed/inserted/modified.
* Always write the consent form in the 2nd person (i.e., “you are”). Refrain from using 3rd person terminology (i.e., “they are”) and terms such as “participants are”. Instruction should be targeted towards an individual.
* Language should be clear, concise, and understandable to the subject population.

**Purpose:**

You are being asked to participate in a research study. The purpose of the study is to… [State what the study is designed to discover. Be succinct - 2-4 sentences usually suffice].​

**Procedures:**

If you decide to participate, we will... [Describe in simple language the procedures to be followed, including their purposes, duration, frequency, and recovery time, if applicable. In a separate paragraph under this heading, include time commitment for the subject, the total duration of the study, and the approximate number of subjects involved. If this study is funded by the Department of Defense, include this information here.]

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**Alternatives:**

[Describe alternative procedures or treatments that might be considered by the subject. *If the study does not involve therapeutic or diagnostic procedures, this section may be omitted*.]

**Benefits:**

[Provide a brief description of benefits, if any. If there are no direct benefits, then state “There are no direct benefits to participating in this project.”] *Note payment is not considered a benefit.*

**Risks:**

[Describe the risks, discomforts and/or inconveniences that the subject may reasonably expect. Any risks identified on the RISKS Tab should be included in the consent forms/information sheets. If there are no risks, then state “There are no anticipated risks to participating in this project.”] *Note exempt projects should not be risky in nature, if a project seems risky, please contact the HSC.*

**Confidentiality:**

[Explain whether identifiable data will be collected and include a description of the use of identifiable data. Note that audiotapes, videotapes, and photos are identifiable data. If people will be audio/video recorded or photographed, explain if or when these materials will be de-identified and/or destroyed. Include how such data will be protected and how they will be used. If you are collecting un-identifiable data then use “The data we collect will not be linked to your identity in any way.”] *Note that this section should not contradict data sharing section below (or delete data sharing if not applicable)*.

[Include Data Sharing if applicable, see example]:

After this research is completed, we may want to present some of the data at conferences and share data collected as part of this research with other universities or researchers for future research purposes. [Include if applicable, In addition, we would like to keep the recordings for possible use in future research studies. However, we will protect your privacy in the future in the same way as in this study, and the data will only be used for academic purposes.]

Please indicate if you give permission for the uses of your data for future research purposes (please initial):

​\_\_\_My data collected as part of this project may be used for future research purposes

\_\_\_My data collected as part of this project **may not** be used for future research purposes

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**Costs/Payments Section:**

[If the subject will receive payment, describe the amount and method of payment. Payment must be pro-rated, per Federal regulations, as the subject may withdraw before completion of the study and is entitled to receive partial compensation appropriate for what he/she has undergone. If social security numbers are required to process payments to research subjects, this should be included in the consent form/information sheets.]

**Emergency Care and Treatment for Injury:**

[Include the following standard language if research procedures pose an additional risk of injury to participants, for example, subjects running on a treadmill. “If you are injured as a direct result of research procedures, you will receive reasonably necessary medical treatment at no cost. The University of California does not provide any other form of compensation for injury.] *If the study does not involve therapeutic or diagnostic procedures, this section may be omitted*.

**Right to Refuse or Withdraw:**

You can refuse to take part in this project and you can stop participating at any time. You can skip questions or refuse to complete any items in the questionnaire. [Include if applicable: Whether or not you participate will not affect your standing in any group or organization.] You have the right to receive a copy of this consent form.

**Investigator Disclosure of Personal and Financial Interests in the Research and Study Sponsor:**

[If any members of the research team have disclosed a financial conflict of interest for the research study AND the Conflict of Interest Committee has reviewed the disclosure AND indicated there is a potential conflict of interest, participants must be made aware of this, so they can make an informed decision on whether to participate in the research. ] *If the study does not involve an identified financial conflict of interest, then this section may be omitted.*

**Contact Information:**

​ If you have questions about the research, you can call me at [insert contact information (email address and phone number)] or [insert course teacher or advisor information].

If you have any questions regarding your rights as a research subject, please contact the Human Subjects Committee at (805) 893-3807 or hsc@research.ucsb.edu. Or write to the University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106-2050

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Name (print)

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Signature

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Date