INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

KEY INFORMATION

You are invited to take part in a research study titled: [Study Title]

Researcher(s): [Researcher(s) Name]

The person(s) conducting this study is(are) [Principal Investigator Name].

PURPOSE OF THE STUDY AND PROCEDURES

The purpose of this study is to [Briefly describe the purpose in simple language]. This study will take place at [Location], and participation involves [Brief description of procedures]. The outcomes may appear as books, articles, or [how they will be shared].

WHAT WILL HAPPEN DURING THIS STUDY?

You will be asked to participate in the following activities:

- [Procedure 1] – This will take approximately [time].
- [Procedure 2] – This will take approximately [time].

Total expected time commitment: [Total Duration].

WHY ARE YOU BEING ASKED TO PARTICIPATE?

You are being asked to participate because [Reason for participant selection].

DURATION OF PARTICIPATION

Your participation in this research will last [Number] minutes/hours across [Number] sessions over a period of [Days/Weeks/Months].

BENEFITS AND RISKS

Potential Benefits:

Participating in this study may [Describe potential benefits].

Potential Risks:

Possible risks include [Describe risks]. If any part of this study makes you feel uncomfortable, you may withdraw at any time. If the study involves psychological distress, you may contact [Helpline/Support Resource].

COMPENSATION OR INCENTIVES (if applicable to the study)

For participating in this study, you will receive [$ amount, incentive like extra credit points, access to a resource, etc.]. This will be given [describe procedure for giving the incentive, e.g., gift card at the end of the study, extra credit at completion of a session]. This will be prorated [with proration process if applicable].

CONFIDENTIALITY

We will take careful steps to protect your privacy. [Describe data protection measures, e.g., anonymization, encryption, secure storage, use of any identifiers or pseudonyms in the data]. Identifiable information will (or will not) be shared for future research.

VOLUNTARY PARTICIPATION & WITHDRAWAL

Your participation is voluntary. You may choose not to participate or withdraw at any time without penalty.

QUESTIONS OR CONCERNS

If you have any questions about this research, you may contact:

- Principal Investigator (PI): [PI Name] – Email: [PI Email], Phone: [PI Phone]

- Faculty Supervisor (if applicable): [Supervisor Name] – Email: [Supervisor Email], Phone: [Supervisor Phone]

If you have concerns about your rights as a research participant, you may contact the Office of Research Integrity and Compliance at New Mexico State University: Phone 575-646-7177, Email ric_admin@nmsu.edu.

INFORMED CONSENT SIGNATURE PAGE (paper copy with written consent)

By signing below, you confirm that:

- You have read and understood this consent form.
- You have had the opportunity to ask questions.
- You voluntarily agree to participate in this study.

Participant's First and Last Name (Printed): _____

Participant's Signature: _____ Date: _____

If applicable, Legal Representative's First and Last Name (Printed): _____

Legal Representative's Signature: _____ Date: _____

Relationship to Participant: _____

Researcher's First and Last Name (Printed): _____

Researcher's Signature: _____ Date: _____

INFORMED CONSENT [online surveys; see note below]

By clicking "agree" below, you confirm that:

- You have read and understood this consent form.
- You have had the opportunity to ask questions.
- You voluntarily agree to participate in this study.

- ❑ Agree and continue
- ❑ Decline (survey ends)

NOTE: Checkbox consent requires a waiver of documentation of informed consent. Under 45 CFR 46.117(c), the IRB may waive the requirement for a signed consent form if:

- The only record linking the participant and the research is the consent form, and the main risk is a breach of confidentiality; or
- The research presents no more than minimal risk and involves no procedures for which written consent is normally required outside of the research context.

Please make your request explicit in the Streamlyne Questionnaire Section addressing how informed consent will be obtained.

INFORMED CONSENT [electronic documents]

By typing your name below, you confirm that:

- You have read and understood this consent form.
- You have had the opportunity to ask questions.
- You voluntarily agree to participate in this study.

Your Name (first and last – no initials or nicknames please):

Today's Date: