

## Sample Consent Form

*Please read this consent agreement carefully before agreeing to participate in this study.*

**Title of Study:**

**Purpose of the study:**

**What you will do in this study:**

**Time required:**

**Risks:**

**Benefits:**

**Confidentiality:**

**Participation and withdrawal:**

**PLEASE NOTE:** For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.

**Contact:**

Name of investigator(s), telephone number, e-mail address. Include principal investigator's name, department name, telephone number and e-mail address, if the co-investigator is conducting the study.

**Whom to contact about your rights in this experiment:**

(Name of Principal Investigator), e-mail address, telephone number, department name, or else you may contact Dr. Lisa I. Karch, Chair of MSUM Institutional Research Board, at [irb@mnstate.edu](mailto:irb@mnstate.edu), or 218-477-2699.

**Agreement:**

The purpose and nature of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time and my withdrawal will not affect any future relationship with \_\_\_\_\_.

**In signing this agreement, I also affirm that I am at least 18 years of age or older.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_