**Date**:

**Title of Project**:

**Principal Researcher**: Investigator Name

**Contact Information**:

**Faculty Advisor**: Faculty Name

**Contact Information**:

 You are invited to participate in a research study. The below information gives you important information about the study, including the study purpose and risks and benefits of participating, so that you can decide if you would like to participate.

**What is the purpose of this research study?**

 The purpose of this study is to (complete here). (Also provide a brief description of the overall research but be mindful of readability, jargon, technical language).

**Why are you being asked to participate in this study?**

 You are being asked to take part in this study because you (may refer to inclusion criteria).

**What does this study involve?**

 If you agree to take part in this study, you will be asked to (Edit as appropriate to describe the research procedures, what the participant will be asked to do, and the time commitment involved).

**What are the risks and benefits of participation?**

 (Detail any known risks/discomforts of participation and benefits). While there may not be a direct benefit to you from participating in this study, knowledge gained may help (edit as appropriate).

**What about confidentiality and privacy?**

 (Please describe measures taken to maintain confidentiality, any limits to confidentiality, and data storage. Be sure to accurately identify whether participation is anonymous or confidential).

**What are the incentives to participate?**

There are no incentives or compensation provided for your participation in this study. (Or, describe the incentive. Ex. You will have the option to enter a raffle for a gift card).

**Who should I contact if I have additional questions?**

 Please contact the principal researcher or faculty advisor listed above for any questions you may have about this study. If you have questions about your rights as a research subject, please contact the chair of the Research Ethics Review Board, Dr. Marcia Parris, at mparris@immaculata.edu or 484-323-3211.

**Conditions of Participation**

Your participation in this study is voluntary and you have the right to refuse or withdraw participation at any time without penalty. I would like to assure you that this study has been reviewed and approved by the Research Ethics Review Board at Immaculata University. However, the final decision about participation is yours.

Thank you for your assistance in this project.

CONSENT FORM

I agree to participate in a study being conducted by (Principal Researcher) of the (Academic department) at Immaculata University under the supervision of (Faculty advisor). I have made this decision based on the information I have received and have had the opportunity to receive any additional details I wanted about the study. I understand that I may withdraw this consent at any time without penalty by telling the researcher.

I also understand that this project has been reviewed and approved by the Research Ethics Review Board at Immaculata University, and that I may contact this office if I have any concerns or comments resulting from my involvement in the study.

(Include signature lines below if physical consent is collected; include consent as first question in online survey if being collected via electronic platform).

Participant’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_