Template of Consent Form

Franklin University

Human Subject Consent Form

Title of Research:

Researcher/Principal Investigator:

Department:

You have been asked to participate in a research study (*Insert general statement about study*). The purpose of this study is (*Insert research purpose in generally understandable language*). You were asked to be a possible participant because (*Insert how subject was identified*). A total of (*Insert number of study subjects*) people have been asked to participate in this study.

If you agree to participate this study, you will be asked to (*Insert tasks and procedures*). Your participation will take (*Insert length of time for participation, frequency of procedures, etc.*). The risks associated with participation of this study are (*Insert risks*). The benefits of participation are (*Insert benefit(s), if no benefits state the fact here*).

You will receive (*Insert reimbursement information, if no monetary compensation, state the fact here*). This study is (*anonymous or confidential cannot be both and explain how this will be accomplished).* You have the right to obtain a summary of the results of this research if you would like to have them.

Pleases understand that your participation is voluntary. If you decide to participate, you have the right to refuse to answer any of the questions that may make you uncomfortable. You also have the right to withdraw from this study at any time with no repercussions.

Please understand that this research has been reviewed and approved by the Franklin University Institutional Review Board. For questions regarding participants’ rights, you can contact the Institutional Review Board at [*irb@franklin.edu*](mailto:irb@franklin.edu).

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that

* You have read the above information and understand the explanations provided
* You voluntarily agree to participate
* You are 18 years of age or older

🞎 Agree

🞎 Disagree

Contact Information of Principal Investigator:

Date: