# **Instructions for Investigators**

**Reminder:** The process of obtaining informed consent must comply with the requirements of 45 CFR 46.116. The documentation of informed consent must comply with 45 CFR 46.117.

These regulations are available at: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/index.html>.

Use this type of CONSENT FORM for research projects that involve:

* Focus Group Interviews
* Research participants who are ADULTS (age 18 and older)

Always have two copies of the informed consent for each potential participant. The PI or research team will keep the signed consent form and a copy will be given to the enrolled participant after written consent is given.

**Please remove the yellow highlights and red notes before finalizing your consent form.**

Hello, my name is NAME and I am a graduate student in the DOCTORAL PROGRAM at Franklin University in Columbus, Ohio. I am doing a research project as part of the requirements for earning my doctoral degree.

**Why is this study being done?**

The purpose of my project is BRIEF EXPLANATION OF WHAT YOUR STUDY IS ABOUT. I am inviting you to participate in my project because REASON YOU ASKED THE PERSON TO PARTICIPATE.

**What am I being asked to do?**

If you participate in this project, you will join about NUMBER other people in a focus group to talk about CONCISE, BRIEF SENTENCE ABOUT WHAT YOU WILL DISCUSS WITH PARTICIPANTS.

**Taking part in this study is your choice.**

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss of benefits you would normally have.

**What will happen if I decide to take part in this study?**

The discussion will be guided by about NUMBER OF QUESTIONS OR TOPICS. It will take about TIME REQUIREMENT. Focus group questions will include questions like, “PROVIDE A SAMPLE QUESTION” and “PROVIDE A SAMPLE QUESTION”.

Keep or modify/ delete as needed, especially if recording is required for participation or if conducting the focus group virtually: With your permission, I will audio record the focus group so that I can later transcribe the interview and analyze the responses. I will also video record the focus group so that we can see each other and have a comfortable conversation. (Note to researcher - PIs will need to justify video recording)

**What are the risks and benefits of taking part in this study?**

Modify as needed: I believe there is little risk to you in participating in this research project. You may become stressed or uncomfortable answering any of the questions or discussing topics during the focus group. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop participating at any time.

There will be no direct benefit to you for participating in this focus group. The results of this project may help DESCRIBE BROADER BENEFIT.

**Privacy and Confidentiality:**

Modify as needed: I will keep all study data DESCRIBE DATA SECURITY MEASURES BRIEFLY. Only my Franklin University dissertation chair and I will have access to the information. Other agencies that have legal permission have the right to review research records. The Franklin University IRB has the right to review research records for this study.

Modify as needed: After I write a copy of the interviews, I will erase or destroy the audio recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (not your real names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Although we ask everyone in the focus group to respect each person’s privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said. Avoid sharing personal information that you may not wish to be known.

**Compensation:**

Modify or delete as necessary: You will receive ENTER COMPENSATION for your time and effort in participating in this research project.

**Questions:**

If you have any questions about this study, please email me at FRANKLIN EMAIL ADDRESS. You may also contact my dissertation chair, Dr. NAME, at EMAIL ADDRESS. If you have any questions regarding your rights as a research participant, please contact the Franklin University IRB Office at 614-947-6037 or irb@franklin.edu.

Modify as needed: If you agree to participate in this project, please sign and date the following signature page and return it to: (insert here)

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent**:

I agree to join the research project entitled, “NAME.”

Please initial next to either “Yes” or “No” to the following: (note to researcher - include these options only as appropriate to the study design described on page 1)

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to be audio recorded for the interview portion of this research.

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to being video recorded for the interview portion of this research.

**Name of Participant (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**