# **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 example of CONSENT FORM for research projects that involve:

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

Always have two copies of the informed consent for each potential participant. One signed copy is kept by the PI or research team, and the other is to 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 you are invited to take part in a research study. I am a graduate student in the DOCTORAL PROGRAM at Franklin University in Columbus, Ohio. As part of the requirements for earning my doctorate, I am doing a research project.

**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?**

Modify as needed, especially if conducting online interviews: If you participate in this project, I will meet with you for an interview at a location and time convenient for you.

**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 interview will consist of APPROXIMATE NUMBER OF QUESTIONS AND/OR AN IDEA OF WHAT TO EXPECT. It will take TIME. The interview questions will include questions like, “PROVIDE A SAMPLE QUESTION” and “PROVIDE A SAMPLE QUESTION”.

Modify or delete as needed: Only you and I will be present during the interview. With your permission, I will audio record the interview so that I can focus on our conversation and later transcribe the interview for data analysis. You will be one of about NUMBER people I will interview for this study.

Modify or delete as needed: With your permission, I will also video record the interview 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 for participating in this research project. You may become stressed or uncomfortable answering any of the interview questions or discussing topics with me during the interview. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop the interview or you can withdraw from the project altogether.

There will be no direct benefit to you for participating in this interview. The results of this project may 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.

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 (fake names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

**Compensation:**

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

**Future Research Studies (Choose one):**

Modify as applicable: Identifiers will be removed from your identifiable private information and after removal of identifiers, the data may be used for future research studies or distributed to another investigator for future research studies and we will not seek further approval from you for these future studies.

**-OR-**

Even after removing identifiers, the data from this study collected for this study will not be used or distributed for future research studies.

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