GUIDELINES - INFORMED CONSENT FOR EXPEDITED and FULL BOARD REVIEW CONSENT TO ACT AS A SUBJECT IN A RESEARCH STUDY

UNIVERSITY AFFILIATION: Clarion University of PA Administrative Office, 108 Carrier Administration Building, Clarion, PA 16214, 814-393-2337

TITLE: ________________________________

PRINCIPAL INVESTIGATOR: Name with address, telephone number, and e-mail address (if applicable) CO-INVESTIGATORS: List all with addresses, telephone numbers, and e-mail addresses (if applicable)

DESCRIPTION: I understand that I have been asked to participate in this research project which is a study of .......... [include: a) number of subjects (including gender and age range); b) reason for subjects' involvement; c) number of sessions; d) length of sessions; e) any anticipated follow-ups; f) type of measures, interview, etc.]

RISK AND BENEFITS: Include a description of any reasonably foreseeable risks of discomforts to the subject, as well as any benefits to the subject or others which may reasonably be expected from the research.

COST AND PAYMENTS: All costs which will be assessed to the subject must be stated as well as any payment which will be offered for participation in the study. If there is neither a cost nor a payment, include a statement to that effect.

CONFIDENTIALITY: I understand that any information about me obtained from this research will be kept strictly confidential. Information will be kept in locked files and only (the principal investigator and research team) will have access to it. It has been explained to me that my identity will not be revealed in any description or publication of this research. Therefore, I consent to publication for scientific purposes.

DISCLOSURE: I understand that any information about me obtained from this research may be disclosed. Information will be stored... It has been explained to me that my identity may be revealed in any description or publication of this research. Therefore, I consent to publication for scientific purposes.

(In the event that children are involved in the study, the following language must be added to the confidentiality section: "an exception to confidentiality is information on child abuse and neglect that is obtained during research. The information will be reported to the appropriate local or state agency in accordance with Pennsylvania law.")

RIGHT TO REFUSE OR END PARTICIPATION: I understand that I may refuse to participate in this study or withdraw any time. I also understand that I may be withdrawn
from the study any time by the investigator(s).

Signature of Subject:

Signature of Investigator: ________________________________

IRB Research Approval # ___