**MERCY UNIVERSITY**

**CONSENT FOR RESEARCH PARTICIPATION**

[Title of study]

[Version #, date]

You are invited to take part in a Mercy University research study. Your participation is voluntary.

* **RESEARCHER**: [List names and contact information of principal investigator, contact person(s) for participants, faculty advisor(s) for student research only.]
* **PURPOSE**: The study is about … [state the purpose(s) of the research.] You are being asked to be in this study because … [State the reason the participant is being asked to enroll.]
* **PROCEDURES**: You will be asked to … [state the procedures to be followed.

*If applicable*: State whether clinically-relevant results, including individual research results, will be returned to participants, and if so, under what conditions.

* **TIME INVOLVED**: The study will take [state the total minutes, hours, days, etc.] of your time.
* **COMPENSATION**: You [will/will not] receive [state the total] compensation for your time.
* **RISKS**: [State the reasonably foreseeable risks to the prospective participant. Describe the procedures for protecting against or minimizing any potential risks. State that procedures can be stopped at any time.]
* **BENEFITS**: [*If appropriate, include*]: You may not directly benefit from being in this research study. [State the direct benefits to the prospective participant that may reasonably be expected from the research, if any.]
* **CONFIDENTIALITY**: [State whether data will be identifiable (identifiers collected), coded (identifiers collected, but linked to data by code or pseudonym) or anonymous (no identifiers collected. Describe how the research data will be protected.]

[*For all studies in which links between participant identities and data will be kept,* ***add***]: Mercy University staff sometimes review studies like this one to make sure they are being done safely and correctly. If a review of this study takes place, your records may be examined. The reviewers will protect your confidentiality.

*If removing identifiers:* Describe arrangements for destroying identifiable data after the data are no longer needed.

*If applicable*: State if anonymized data may or may not be used and/or shared for future research.

* **VOLUNTARY**: You do not have to be in this study if you do not want to be. Even if you decide to be in this study, you can change your mind and stop at any time.
* **CONTACT INFORMATION**: If you have any questions about your participation in this study, you can call [(name) at (phone #) or email XXX@mercy.edu.

[*If conducting student research,* ***add****:* You can also contact my advisor (name) at (phone # or email).

[*If conducting international student research,* ***add****:* You can also contact my local contact (name) at (phone # or email).]

* **YOUR RIGHTS**: If you have questions about your rights as a research participant, you can contact Mercy University’s Institutional Review Board at MCirb@mercy.edu.
* **CONSENT TO PARTICIPATE**: [Use the consent process below that is most appropriate for your study: Signed consent, Online consent, or Phone/Verbal consent.]

**[Signed consent]** Your signature below shows that you have read and understood the information in this document, and that you agree to volunteer as a research participant for this study.

You will be offered a copy of this form.

Participant's Signature and Date / PRINTED NAME

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Signature of Witness Date

**[Online consent]** Clicking the link below confirms that you have read and understood the information in this document, are <insert age range> and that you agree to volunteer as a research participant for this study.

You can print a copy of this form.

<include URL>

**[Phone/Verbal consent]** Do you agree and understand the information in this document? Do you agree to volunteer as a research participant for this study?

Would you like a copy of this form?