**\* Complete all items in blue below and delete all template items not being used,   
including those items highlighted in yellow.**

**INFORMED CONSENT FORM (TEMPLATE)**

**Title of Your Research Study**

You are being given the opportunity to volunteer as a participant in a project conducted through the University of Dubuque [and, if applicable, any other co-operating institution].

*Explain the below in simplified language, as either paragraphs or numbered points:*

1. Describe your research project, including how the subjects were selected and the methods to be used in collecting data from subjects.
2. Explain the methods to be used in collecting data from subjects, including what is required of subjects and the expected duration of the subject’s participation (e.g., complete 1 survey about study behaviors that is expected to take 15 minutes).
3. Identify potential mental, physical, spiritual, and/or professional risks to the subject. Provide resources for mitigating said risks, as appropriate (e.g., National Mental Health Hotline, National Sexual Violence Resource Center, University Counseling Services, etc).
4. Identify potential benefits (if any) to the subject and to the broader community if appropriate, including compensation to be expected (if any).
5. Describe the extent, if any, to which confidentiality of the records identifying the subject will be maintained, how the data will be stored, and when it will be destroyed.
6. Clarify that participation is voluntary, that refusal to participate or discontinuation of participation will involve no penalty or loss of benefits to which the subject is otherwise entitled.
7. If data collection will include face-to-face interactions, add a brief explanation of the COVID-19 protocol that you will be following and expecting participants to follow during participation that are specific to your procedures. Also, state that the outlined COVID-19 protocol may change at any time, based on the current recommendations from local and state departments of public health*. [*Example: *All investigators will be following the UD COVID guidelines while you are participating. You will be expected to wear a mask during participation and we will ask that you wash your hands (sanitize your hands, use hand gel provided at the test table, etc.) before and after participation. We will follow the guidelines for shared items, which in this case includes this consent form, the paper survey, and pen/pencil as well. This COVID-19 protocol may change at any time, based on the current recommendations from local and state departments of public health. Please feel free to ask the researchers about the COVID prevention guidelines before or during your participation, and know that you are free to pause or stop your participation at any time.]*

If you have any questions at any time during the study, you may contact [name of Primary Investigator] at [contact info, also include name & phone # of your dissertation/thesis chair if you are a graduate student]. Specific questions about your rights as a research subject can be directed to the Chair of the University of Dubuque’s Institutional Review Board at [irb@dbq.edu](mailto:irb@dbq.edu).

*Informed Consent on web-based surveys in which individually identifying data (e.g., name, rank, address, username, identification number, etc.) will be collected and for which providing an electronic signature is not an option.*

□ Please click here to indicate that you understand the above and freely give your consent to participate in this research project.

*Implied Consent for studies in which individually identifying data (e.g., name, rank, address, username, identification number, etc.) will be collected*

I understand the above and freely give my consent to participate in this research project.

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Signature Date