**Please read this consent document carefully before you decide to participate in this study.**

You are invited to participate in a research study about understanding (*include your purpose here*). This study is being conducted by researchers in the Department of ………….. at Rowan University. The Principal Investigator of the study is (*include PI name here*).

Participation in this study is voluntary. If you agree to participate in this study, you would be interviewed for about ………minutes/hour. The number of participants in the study is (*include number of participants here*)

*For clinical research involving a questionnaire and collection of data from medical records, include the following. If not, modify this section according to your research design.*

In addition to, we will access your medical records and look at your most recent lab values. Upon returning for a subsequent visit, we will access your lab values again to see if there are any changes after this interview. Participating in the baseline data collection does not obligate you to participate in any of the subsequent data collection. You may decide at that time whether or not you want to participate in the next wave of data collection.

*If this is a social and behavioral study*, just state what you will be asking the participants to do for this study. The study may include an interview or interview with a questionnaire or interview + questionnaire + collection of data from records.

Additional required standard language

There is little risk in participating in this study; after the interview, you may have questions about your target diabetic values which will be answered immediately by a member of the study team.

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number that is unique to this study. No one other than the researchers would know whether you participated in the study. Study findings will be presented only in summary form and your name will not be used in any report or publications.

Participating in this study may not benefit you directly, but it will help us learn .. (*state what general benefit either participants or society will gain).* *Your participation in this study is completely voluntary. If you choose not to participate in this study, this will have no effect on the services or benefits you are currently receiving.* You may skip any questions you don’t want to answer and withdraw from the study at any time without consequences.

If you have any questions about this study, please contact (*include PI name and contact information here*). If you have questions about your rights as a research participant, please contact the **Rowan University SOM IRB Office** at (856) 566-2712 or Rowan University Glassboro/CMSRU IRB at 856-256-4078.

**YOU WILL BE GIVEN A COPY OF THIS FORM WHETHER OR NOT YOU AGREE TO PARTICIPATE**.

**Social and Behavioral IRB Research Agreement** (*Use this only for research involving social and behavioral IRB research)*

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this description.**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical IRB Research Agreement** (*For medical research involving a chart review, please use the following agreement)*

I have read the procedure described above. I authorize the review of my charts for research purposes, and to participate in this research study. **I have received a copy of this description.**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_