1. *USE YOUR DEPARTMENT LETTERHEAD/ROWAN UNIVERSITY APPROVED LOGO AT THE BEGINNING OF THE DOCUMENT*
2. DESCRIPTIONS IN **BLACK FONT** are required language to be included on the form.
3. *INVESTIGATOR INSTRUCTIONS ARE IN ITALICS* ***(in blue)*** *– The instructions are included to assist in your submission. Those instructions must be deleted prior to submission*
4. *SUGGESTED LANGUAGE (****in green****) – When a section is optional, suggested language has been included, but suggested language may be altered as appropriate; however, the IRB will have the final say.*
5. *You can use I or YOU (First or Second Person) language throughout, but be consistent. Second person is preferred. The entire consent document should be at the 8th grade reading level.*
6. *The electronic consent form must be easy to navigate. Forward and Back buttons should be displayed on each screen (where applicable) so participants can move freely through the form.*

**ELECTRONIC INFORMED CONSENT (ADULTS)**

**KEY INFORMATION TO TAKE PART IN A RESEARCH STUDY**

**TITLE OF STUDY:** (*Add the Title of the study here.)*

**Principal Investigator:** (*Add the PI’s name here.)*

You are being asked to take part in a research study. The purpose of this study is to *<summarize in one sentence>*.

If you agree, you will be asked to *<summarize key study procedures>*. Your participation in this study will last *<include participant duration>*. Participation is completely voluntary. It is up to you to decide if you would like to participate.

The risks associated with this study *are similar to what you may encounter in everyday life, and* *include* *<summarize main risks>*. *You are not expected to receive any direct benefits from participating in this study. However, you may indirectly benefit by <summarize any indirect benefits to the participant, if applicable>.*

*Investigators must consider any other key information that is crucial to this study and include it on this first page. This may include important eligibility criteria, safety information, confidentiality protections, or other factors that would likely impact whether or not someone may want to participate in the study. Please note that this information should only be summarized here, as the full consent form will go more in-depth.*

If you are interested in participating, please carefully review the informed consent form on the next screen. This consent form is part of an informed consent process for a research study and it will provide you with more detailed information that will help you decide whether you wish to volunteer for this research study. It is important that you take your time to make your decision. You may share this consent form with a family member or anyone else before agreeing to participate in the study.

If you have questions at any time, you should feel free to ask the study team and should expect to be given answers that you completely understand. The study team will answer any question you might have before volunteering to take part in this study. You can also request that the study team read the consent form to you over the phone.

*<Input contact information for Principal Investigator and Study Contact>.*

**[ ] I would like to review the informed consent form.**

*When this button is selected, the text below must be displayed on the next screen.*

*Instructions: The consent form text should be displayed on the screen in a clear and understandable manner using proper formatting and page breaks. Participants should be provided with a link or instructions to download the consent form.*

**You can download a copy of this form to print or save to your device by clicking this** [link].

**ADULT CONSENT FORM FOR SOCIAL AND BEHAVIORAL RESEARCH**

**TITLE OF STUDY:** (*Add the Title of the study here.)*

**Principal Investigator:** (*Add the PI’s name here.)*

1. **What is the purpose of the study?**

*Provide key information about the purpose of the study so participants may make a decision to participate or not to participate. Explain in lay language the purpose of the study. Where possible, limit length of sentences to twelve words (or fewer). If conducting this study for a thesis or dissertation, it should be mentioned here.*

1. **Why have you been asked to take part in this study?**

*Provide the key information explaining in lay language why the participant is being invited to take part in the study. Explain and justify why the participant is appropriate for recruitment. Clearly state the requirements for participation.*

1. **What will you be asked to do if you take part in this research study?**

*Use lay language to clearly describe all research steps that will take place during the study in chronological order and provide details. If multiple sessions and sites are part of the study, then include building/location name and what will occur at each location and for each multiple visits/sessions. Clearly identify those research steps, treatments, or procedures that are experimental.*

***NOTE:*** *Include a chart or diagram of activities if the study has a number of steps. If your study steps, treatments, and procedures are not complex, do not include more than 3 visits or site locations, and are written in simple, lay terms, then you may combine the “Where will the study take place?” and “What will you be asked to do if you take part in this research study?”*

1. **Who may take part in this research study? And who may not?**

*Clearly describe inclusion and exclusion criteria. Use lay language; avoid scientific terms*.

1. **How long will the study take and where will the research study be conducted?**

*Clearly describe how long the study may take in terms of hours, days, weeks, months, years. Describe the exact location.*

1. **How many visits may take to complete the study?**

*Clearly describe the number of visits and location in terms of daily, weekly, monthly visits.*

1. **What are the risks and/or discomforts you might experience if you take part in this study?**

*Provide key information about the most important risks or reasons for the prospective participant who may NOT wish to volunteer to participate in the research. Risks must include those that are likely to occur or less likely to occur or rare but serious. Include potential, immediate, and/or long-term risks including physical, psychological, and/or social risks. Incidence of these risks should be stated as: rare, occasional, or common; providing examples such as: 1 out of 5 or 20% possibility.*

1. **What, if any, are the benefits for you if you choose to take part in this research study?**

*Provide key information about the benefits, including that there may not be any direct benefit to the participant from participating in this study or benefits to others or society in general. You may also state the researcher may benefit from the study by learning more about a specific problem or disease that may help them in dealing with future treatments or behaviors with conditions like yours.*

1. **What are the alternatives if you do not wish to participate in the study?**

Provide key information about *alternative treatments/procedures that are key to the participant’s choice. Discuss those that might be advantageous to the participant or indicate if no known alternative exists. State what you will be recommending if no other alternatives are available including:* Your alternative is not to participate in the study.

1. **How many participants will be enrolled in the study?**

*Provide the number of participants to be enrolled in the study.*

1. **How will you know if new information is learned that may affect whether you are willing to stay in this research study?**

During the course of the study, you will be updated about any new information that may affect whether you are willing to continue taking part in the study. If new information is learned that may affect you, you will be contacted.

1. **Will there be any cost to you to take part in this study?**

*Explain in lay language what the cost to participate will be, if any.*

1. **Will you be paid to take part in this study?**

*Clearly outline how the participant will be paid.*

*EXAMPLE OF SUGGESTED LANGUAGE:*

You will receive $ 15.00 for taking part in this study according to the following schedule:

* $ 5.00 at your first session
* $ 5.00 at your second session
* $ 5.00 at your third session

*If participant will not be paid, state “*You will not be paid for your participation in this research study.”

1. **Are you providing any identifiable private information as part of this research study?**

*Include this question only if the study involves the collection of identifiable private information as part of this research study. If so, include the following statement:*

We are collecting identifiable private information in this research study. *Then include any one of the following exemplified language that is appropriate for your study.*

Example 1: After collecting your identifiable private information, we may remove the identifiers, and after such removal, we may use your information for future research studies or we may distribute the de-identified information to another researcher for future studies without additional consent from you.

Example 2: Your identifiable information will not be used in any of the future research projects or disclosed to anyone outside of the research team.

1. **How will information about you be kept private or confidential?**

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Your personal information may be given out, if required by law. Presentations and publications to the public and at scientific conferences and meetings will not use your name and other personal information.

*Insert a description of how record and data/specimens will be stored and maintained (do not have to include specific locations or addresses of where data is stored) and who will have access to them. Describe any study specific issues that may increase the risk of breach of confidentiality.*

1. **What will happen if you are injured during this study?**

**Delete this question if the study is Minimal Risk and if there is a reasonable possibility an injury may not occur.**

*If the study is minimal risk:*

*Minimal Risk studies may use the suggested language below, or develop language based on the example language below:*

*EXAMPLE OF SUGGESTED LANGUAGE:*

If at any time during your participation and conduct in the study you have been injured, you should communicate those injuries to the research staff present at the time of injury. The Principal Investigator’s name and contact information is provided on this consent form.

*If the study is greater than minimal risk:*

*If study is more than minimal risk and there is a reasonable possibility that an injury may occur, describe in lay language, what will happen if a participant is injured during the study, such as sending participants to a wellness center or calling 911. Include if there is any cost involved or billing the insurance company for the services. However, mention that Rowan University will not responsible for the costs.*

*Include this section for greater than minimal risk studies only.*

*You may be exposed to certain risks of personal injury, which include:* *<provide a complete description if not provided elsewhere in the consent form, or refer reader to appropriate section of form>. In addition, it is possible that during the course of this study, new adverse effects of <fill in name of device, procedure, etc*.> *that result in personal injury may be discovered. Rowan University will make appropriate referrals for medical and/or dental treatment for participants who sustain personal injuries or illnesses as a direct consequence of participation in the research. The participant's health insurance carrier or other third-party payer will be billed for the cost of this treatment, provided that Rowan University shall not submit to federally funded programs, e.g., Medicare, Medicaid or CHAMPUS for reimbursement first if submission to such programs is prohibited by law. No financial compensation will be provided by Rowan University and no other type of assistance is available from Rowan University.*

1. **What will happen if you do not wish to take part in the study or if you later decide not to stay in the study?**

Participation in this study is voluntary. You may choose not to participate or you may change your mind at any time.

If you do not want to enter the study or decide to stop participating, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to *<Input Principal Investigator Name and Address>.*

If you decide to withdraw from the study for any reason, you may be asked to participate in one meeting with the Principal Investigator.

1. **Who can you call if you have any questions?**

If you have any questions about taking part in this study or if you feel you may have suffered a research related injury, you can call the Principal Investigator:

*<Principal Investigator’s Name*

*Department*

856-*Contact Number>*

If you have any questions about your rights as a research participant, you can call:

Office of Research Compliance

(856) 256-4078– Glassboro/CMSRU

1. **What are your rights if you decide to take part in this research study?**

You have the right to ask questions about any part of the study at any time. You should not agree to participate unless you have had a chance to ask questions and have been given answers to all of your questions.

**[ ] Next (Agreement to Participate)**

*When this button is selected, the text below must be displayed on the next screen.*

**AGREEMENT TO PARTICIPATE**

**If you do not wish to participate, please exit this screen at any time.**

I have read the entire information about the research study, research risks, benefits and the alternatives, or it has been read to me, and I believe that I understand what has been discussed.

All of my questions about this form or this study have been answered and I agree to volunteer to participate in the study.

**[ ] Yes, I agree to participate in this study.**

**Please enter you name in the text box below:**

**[INSERT TEXT BOX]**

**Please enter your preferred contact information:**

This information will only be used to contact you about this study, and will never be shared with others outside the research team without your permission.

**E-mail: [INSERT TEXT BOX]**

**Phone: [INSERT TEXT BOX]**

**[ ] SUBMIT**

*When this button is selected, the text below must be displayed on the next screen.*

**Thank you. Your consent to participate in this research study has been recorded.**

**You can download a copy of the consent form to print or save to your device by clicking this [link]. You may also a request a copy from the research team.**

*Include instructions for next steps: e.g. You will receive an email from the study team in order to schedule the enrollment visit.*