**UNIVERSITY OF GEORGIA**

**CONSENT FORM**

**[TITLE OF THE STUDY]**

***Instructions:*** *Instructions appear in italicized red font. Recommended language appears in black font. This template must be modified to fit your study. Remove italicized directions/guidance and red font when drafting your consent document. To ensure comprehension, avoid academic phrasing and technical terminology; aim for a readability level no higher than 8th grade.*

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

**Principal Investigator:** *Name*

 *Department*

 *Contact Information*

**Co-Investigator:** *Name*

 *Department*

 *Contact Information*

*Describe the study purpose: Why is it being conducted? What is the research question? What is being studied?* We are doing this research study to learn more about *xxxx.*

*Describe why the person is invited to be in the study: what are the eligibility criteria?* You are being invited to be in this research study because *xxxx.*

*Briefly state what a participant will be asked to do, including the estimated time commitment and location. Specify if there is any additional activity like audio recording or access to personal records.*

If you agree to participate in this study:

* We will collect information about *xxxx.*
* We will ask you to *xxxx.* It will take about xx minutes.
* We will follow up in *xx* months by *xxxx*.

Participation is voluntary. You can refuse to take part or stop at any time without penalty. *Provide assurance that the decision to refuse or withdraw will not affect any benefits the participant is otherwise entitled to or other activities that are otherwise conducted.*  Your decision to participate will have no impact in your participation in *xxxx* programs.

*Describe any possible reasonably foreseeable risk and discomfort as well as ways to reduce risk and discomfort.* There are questions that may make you uncomfortable. You can skip these questions if you do not wish to answer them.

*Describe potential benefits to the subject and to others (society).* Your responses may help us understand *xxxxxxx.*

*Describe how privacy concerns and confidentiality will be addressed. If research records include identifiers or codes that are linked to individuals via a master list or code key, explain this and indicate when the identifiers will be removed/destroyed.*  We will take steps to protect your privacy, but there is a small risk that your information could be accidentally disclosed to people not connected to the research. To reduce this risk we will *xxxx*. We will only keep information that could identify you *xxxx*.

*Include one of the following:*

*If the information will be used or shared after the identifiers have been removed, for example with other researchers and/or for future studies without additional consent, describe this possibility.*

*OR*

*If the information will not be used or distributed for future research, state this.*

***ADDITIONAL SECTIONS – Most studies will require one or more additional sections. Please refer to the ‘Consent Additional or Optional Sections’ document for further guidance.***

*Inform participants of who to contact with questions about the research and where to direct questions about participant rights*.Please feel free to ask questions about this research at any time. You can contact the Principal Investigator, Dr. xxx at *xxx-555-1234, email@domain.edu*. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

If you agree to participate in this research study, please sign below:

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Name of Researcher Signature Date

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Name of Participant Signature Date

**Please keep one copy and return the signed copy to the researcher.**