

8c. In-Person Paper/Pencil Survey Sample Consent Letter

Important points to include are bulleted here for clarity, however, the final product should look like a letter. The final letter should be modified to explain what subjects will be doing, risks, and protections.

- **You are invited to participate in this survey because you are** _____ (for example) – a first-year student at Hardin Simmons University.
- **The purpose of our survey is to** _____. The survey has ____ questions, does not cost you anything to participate and should take approximately ____ minutes to complete.
- We don't know of **any physical or psychological risks or discomforts** to you if you complete the survey (or perhaps you do - then you would identify the risks).
- Although you will not **directly benefit** from being in this study the results may/maynot help future students at HSU.
- Do not place your name or any other identifying information on the survey so that we have no way of linking your responses to you.
- We do not expect you to incur any injury to occur to you by completing this survey, however, if you feel you have been injured as a direct consequence of this research, no compensation for physical care, hospitalization, loss of income, pain, suffering, or any other form of compensation will be provided.
- You do not have to participate in this study and you stop participation at time without reprisal.
- If you have any questions please do not hesitate to ask. If you think of any questions later, feel free to contact XXXXX-Investigator at 325-670-9999 or via e-mail at: XXXXXXXX@hsutx.edu. If you have any questions concerning the rights of research subjects, you may contact Dr. YYYYYYYYI, Chair of the Hardin-Simmons University IRB at (325) 670-XXXX or e-mail him/her at: YYYYYYY@hsutx.edu.
- YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS RESEARCH STUDY. STARTING THE SURVEY CERTIFIES THAT YOU HAVE DECIDED TO PARTICIPATE HAVING READ AND UNDERSTOODTHE INFORMATION PRESENTED. YOUR SIGNATURE ALSO CERTIFIES THAT YOU HAVE HAD AN ADEQUATE OPPORTUNITY TO DISCUSS THIS STUDY WITH THE INVESTIGATORS AND YOU HAVE HAD ALL YOUR QUESTIONS ANSWERED TO YOUR SATISFACTION. IF YOU DESIRE, YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

Signature of Vulnerable Subject (Assent) and their Proxy (Consent)

Date

Signature of Adult Subject (Consent)

Date

Signature of Witness (preferably not investigator)

Date

Signature of Investigator

Date