NOTE: Remove instructions/cues (everything in red) in final copy. Copy submitted to Institutional Review Board (IRB) should appear as it will for the participants

Informed Consent

(USE FOR CONSENT FORMS FOR PROJECTS WHERE A PARTICIPANT SIGNATURE IS REQUIRED)

NOTE:

- Model text is in **BOLD**
- Instructions are in *[italics*]
- _____Line indicates that the investigator should fill in the appropriate information and remove underlining for final copy.

STUDY TITLE

_____

This is a research project being done as part of the requirements for my master's degree at Madonna University. *[Optional]*: **In addition**_____ *(employer)* **is also interested in determining**_____*(what employer hopes to learn)*.

You are being asked to take part in this study because you _____ *(e.g., work in the Quality Control Dept.; are a manager in the company).*

The purpose of this study is to_____.

About _____ **people will take part in this study.**

If you take part in this study, you are being asked to _____.
[Participate in an interview(s)] [Answer questions on a survey or questionnaire(s)]
[List EVERYTHING the subject will be asked to do, how often, and in what setting. Indicate if there is a second or later phase/contact in study. For randomized studies, list the study groups and under each describe categories of procedures.]

This will take approximately _____ **minutes of your time.** *[Indicate amount of time at each contact and total length of time for all contacts; e.g., "___for each interview for a total of _____.")*

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.

One of the following paragraphs (A or B):

A. While participating in this study has very little risk, there is always a slight risk of loss of confidentiality. The researcher will take every precaution to maintain the confidentiality of your information. It will be viewed only by the researcher and will be kept in a locked file. After the study is completed, if any identifying information was collected, it will be destroyed. *[If using an audiotape, indicate this and state that the tape will be erased after the study is completed. If other risks pertain, list them and describe efforts to reduce them.]* ***OR***

B. *[If this is a* ***focus group****, delete previous paragraph and include this one]* **While participating in this study has little risk, there is always a risk of loss of confidentiality. Other participants in the focus group will be aware of your comments. The researcher will keep notes of the discussion and will take every precaution to maintain the confidentiality of your information in his/her possession. It will be viewed only by the researcher and will be kept in a locked file. After the study is completed, any identifying information will be destroyed.** *[If using an audiotape, indicate this and state that the tape will be erased after the study is completed. If other risks pertain, list them and describe efforts to reduce them.]*

For more information about risks, ask the researcher or contact _____ *(give research advisor's name and work phone number).*

If you agree to take part in this study, there may or may not be direct benefit to you. We hope the information learned from this study will benefit _____ *(employer/employees, patients, etc.)* **by**_____*(e.g., improving work efficiency/improving specific work conditions, understanding opinions, etc.)* **in the future. You will receive no payment for taking part in this study.**

For questions about the study or a research-related injury, contact the researcher _____ *(NAME{S})* **at** _____ *(TELEPHONE NUMBER) .*
For questions about your rights as a research participant, contact the Madonna University Institutional Review Board (which is a group of people who review the research to protect your rights) at (734) 432-5666.

While a research-related injury is highly unlikely, Madonna University offers no compensation for participation in the study or for any injury, should it occur as a result of the study.

If you wish a copy of the results, please contact the researcher _____ **(*your name)* at** _____ **(*your phone number*).**

Do you have any questions?

You will receive a copy of this form.

SIGNATURE
I agree to take part in this study.

Participant' signature _____

I have given the participant an opportunity to ask questions about the research.

Investigator's signature _____

Date _____