

Information Required for La Salle University Consent Form for Participation in Research

(Please modify this and include all of the following information as appropriate to your study. You need not actually use these subheads; they are provided to give you an indication of what should be present)

Title of Investigation:

Investigator(s)/ Project Director(s):

Faculty Sponsor:

The purpose of this research is: *(Please use language understandable to your sample population. For example, the words “cognitive,” “variable,” and “demographic” are not part of common language use.)*

Those who participate in this research will be asked to do the following things: *(Again, use language that will be understandable to your population.)*

This research may result in the following discomforts: *(Please indicate what procedures are in place in the case of discomfort.)*

Participation in this research may involve the following benefits: *(Note that money and extra credit are not considered benefits.)*

Participation in this research may involve the following risks:

(Indicate whether the anonymity or confidentiality will be maintained, what those terms mean, and how they will be achieved.)

If you have any questions or concerns regarding this research, please contact *(the researcher. Provide all of the information that appears for the paragraph below--there should not be more info for the IRB Chair than the researcher(s)! Participants should not be confused as to who to contact)*

If you have any questions or concerns regarding your rights as a research participant, please contact Randy Fingerhut, Ph.D. Chair of the Institutional Review Board, Department of Psychology, La Salle University, Philadelphia, PA 19141 Telephone: 215-951-1284, fingerhut@lasalle.edu.

I have read the above description of a research project:
OR (as appropriate), it was read to me by:

Anything I did not understand was explained to me by:

And, I had all of my questions answered to my satisfaction. I agree to participate in this research. *(use only those categories of signatures required by the nature of your study)*

Legal Representative:

Signature:

Date:

Participant:

Signature:

Date:

Witness:

Signature:

Date:

Investigator:

Signature:

Date:

The Institutional Review Board of La Salle University has reviewed and approved this study on the following date: _____

(If the consent form is more than one page, please have a place for initials on each page, saying "Page 1 of X, ____")