Interview Informed Consent - Instructions

Institutional Review Board

The following consent template is a guideline for researchers. Keep in mind that the Institutional Review Board determines if the research participants will be given informed consent. Add all information related to your study and remove all sections that are not applicable. Once you have edited the document, remove all "*italics*" and [brackets]. Investigators are reminded to present informed consent information in sufficient detail and in a way that helps participants understand the study.

This consent form is for all **interview research**.

There are two different kinds of language in this template:

- Language in black font, not in brackets, must appear on all informed consent documents. This language is required.
- Language in "*italics*" and [brackets] is instructional and should be developed and edited by the investigator. The final version of the informed consent document should not include any "*italics*" or [brackets].

Please email the IRB at hfcirb@hfcc.edu to request a .doc version of this template or if you have any questions about informed consent.

Informed Consent to Participate in Research

Study Title: [*Title as shown on IRB application.*]

Research Investigator(s): [*Names, departments, and contact information.*]

Introductory Statement.
[*Introduce the study, invite the person to participate and explain that details are provided in this consent document. State that the researcher(s) is(are) available to answer any questions the participant may have about the project.*]

What is the purpose of this study?
[*State what the purpose of the research is using nontechnical language.*]

What will I do in this study?
[*Describe the study procedures and their purpose. If audio or video recordings will be used state that participants responses will be recorded. Describe what will happen to recordings when the study is completed or if a participant withdraws before completing the study.*]

How long will it take me to do this?
[*State what the expected duration of the study is.*]

Are there any risks to me participating in the study?
[*Describe any risks and/or discomforts (i.e., psychological, physical, economic, other) that can reasonably be expected as a result of participating in the study. Do not state that there are no risks. For minimal risk studies, state that "This study poses no risks beyond those encountered in daily life."]*

What are the potential benefits of participating in the study?
[*Describe any potential benefits to the participant, society, or both that can reasonably be expected from the research. If there are no benefits to an individual, state so. Compensation is not a benefit.*]

Will anyone know what I do or say in this study (Confidentiality)?
Staff of Henry Ford College who ensure the protection of human subjects in research may examine your records. Participant data, if disclosed, will be presented in a manner that does not reveal the subject's identity. [*If applicable, state any persons or agencies that information may be disclosed to. State the nature of information to be disclosed and the purpose of disclosure. Avoid describing the study as anonymous or guaranteeing anonymity.*]

Will I receive any compensation for participation?
[*Describe what compensation participants will receive. If they will not receive any compensation, state so.*]

Who can I contact for information about this study?
If you have any questions about this study, please contact [*researcher name(s)*] at [*email address(es)*].

How can I contact someone outside the research team for information about this study?
To talk to someone other than the researcher(s) about your rights as a research participant, obtain information, report a research concern, or ask questions please contact Henry Ford College's Institutional Review Board at hfcirb@hfcc.edu or (313)-317-1542.

Your participation is voluntary.
Your participation in this research is voluntary. You are free to refuse to participate in this study or withdraw your consent and discontinue participating in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision not to participate will not affect your relationship with the institution(s) involved in this research project.

Statement of Consent to Participate.

My signature below indicates that I am 18 years of age or older and all my questions have been answered. I consent to participate in the project as described above. You will be given a copy of this form to keep for your records.

Name of Participant: _____

Signature: _____

Date: _____