# Adult Research Participation Consent Form

# Title of Project:

**Researcher(s):**

**Faculty sponsor (if relevant):**

*Your consent is being sought to participate in this study. Please read the following information carefully before you decide whether or not to consent to participate.*

**Purpose of the research:**

**Procedure to be followed:**

**Discomforts/risks:**

**Incentives/benefits for participation:**

**Time duration of participation:**

**Statement of confidentiality:**

**Voluntary participation:**

**Termination of participation:**

**Questions regarding the research:**

Questions or concerns regarding a subject’s rights as a research participant should be directed to the co- chairs of the Institutional Review Board. They can be reached at [irb@lemoyne.edu.](mailto:irb@lemoyne.edu.%20)

*This research has been reviewed and approved by Le Moyne College’s Institutional Review Board.*

I have read all the information provided on this form, am at least 18 years of age, and consent to participate in this study.

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Signature Date

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Please print your name here.

If you do not consent to participate, you do not need to sign this form. Simply return it to the researcher.

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Signature of investigator Date