



**Voluntary Informed Consent to Participate In Research**  
Human Subject Research Review Committee  
EXTERNAL RESEARCH PROJECTS

Research Project Name: \_\_\_\_\_

Conducted by: (Name/Title) \_\_\_\_\_

Affiliation: \_\_\_\_\_

DESCRIPTION OF STUDY

Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participation Requirements: (What is the participant requested to do; how long should it take?)

\_\_\_\_\_  
\_\_\_\_\_

Confidentiality/Anonymity: (How will the participant's identity and responses be protected?)

\_\_\_\_\_  
\_\_\_\_\_

Possible Risks to Participant:

\_\_\_\_\_  
\_\_\_\_\_

I have read the above information and have had an opportunity to ask questions about my participation in the study. I understand that my identity in this study will be kept confidential or anonymous. My participation in the study is entirely voluntary. I understand that I am free to discontinue participation in this study at any time without any negative consequences.

I AGREE to participate in this study

I DO NOT WISH to participate in this study

Participant Name (printed) Participant Signature Date

Witness Name/Position (printed) Witness Signature Date

