Please remove this message after reading:

Should your project utilize verbal consent where participants are either consented face-to-face or via telephone, the HRP-582 template is appropriate; simply omit the line designated for participant signatures. In instances where verbal consent is employed due to considerations of literacy, language, or cultural factors, opt for this slightly altered version of the consent form.

Ensure all content marked in “red” is deleted prior to submitting your document for IRB evaluation.

**Research Study Title**: [Enter the title of the research study]

**IRB Study ID:** [Enter the "STU#" here]

**Principal Investigator:** [Enter the name of the principal investigator]

**Funding Information:**

[Detail all financial and in-kind support for this study. If there is no external funding, mention your academic institution or department] This study is funded by \_\_\_\_\_\_\_\_\_\_\_\_\_.

**Disclosure of Financial Interests:**

[This section should be included if a financial interest is present. If not, it should be omitted.] This disclosure is presented to allow you the opportunity to assess whether this relationship impacts your readiness to engage in this research study: [detail the specific conflict of interest and the measures implemented to mitigate its influence.]

**Introduction:** [provide a brief introduction of yourself, for example, my name is John Doe, and I am pursuing my (indicate your level of studies) in the (indicate your department) at (your university).]

**Essential Information Regarding This Research Study:**

This section provides a concise overview of the study to assist you in making an informed decision about your participation. [The following details must be included:]

The aim of this study is \_\_\_\_\_.

Your participation will involve \_\_\_\_\_\_\_\_\_ [include a succinct description of the activities you will undertake. For example: Completing a questionnaire and participating in a follow-up interview.] Your involvement in this study is anticipated to last for \_\_\_\_\_\_\_\_ [10 minutes; hours/days/months/weeks/years, or until a specific event occurs].

The principal risk associated with participation is \_\_\_\_\_\_\_.

The primary advantage of taking part is \_\_\_\_\_\_\_.

**The Reason for Your Invitation to Participate in This Research Study:**

You are being invited to participate in this research study due to \_\_\_\_\_\_\_\_\_\_\_\_\_. [Please specify the specific circumstances (e.g., your role as a student, parent) and/or conditions (e.g., age range of 18-45) that qualify you for inclusion.]

**Important Considerations for Participation in a Research Study:**

* Participation is entirely voluntary.
* You have the freedom to decline participation. Likewise, you may initially agree to participate but decide to withdraw at any point.
* Your decision will not result in any negative consequences.
* You are encouraged to ask any questions you may have prior to making your decision.

**Should you agree to participate in this research, here are the steps you will take:**

If necessary, include further specific details that were not provided in the 'Key Information' section. For instance, elaborate on the particular questions or tasks involved in the research, such as: During the interview, you will be asked about \_\_\_\_\_. The session will be audio-recorded to allow for later transcription by the research team. Audio-recording is an essential part of participation. If you are not comfortable being audio-recorded, then participation in this study will not be possible for you.

**If You Choose Not to Participate in This Research:**

You have the right to decline participation in this research without any repercussions. You may initially agree to participate and later decide to withdraw. You are free to exit the research at any point without any negative consequences. The interview can be terminated whenever you wish; simply inform me if you decide to stop. Should this occur, I will inquire whether the data collected up to that moment can still be utilized for the research purposes.

**Handling of Information Collected Through This Research:**

Measures will be taken to restrict access to and disclosure of your personal details, including any records related to this study, to individuals who require this information. Absolute confidentiality cannot be guaranteed. Entities that might have access to and the authority to examine your information include the Institutional Review Board (IRB) and other representatives of this institution.

**Additional Information You May Find Helpful:**

Should you consent to participate in this research study, please note that [if applicable, detail any compensation offered, including the amount, timing, and form of payment, whether it be cash, gift card, check, or another type of reward. Mention also if compensation will be prorated.] This compensation will be provided to you even if you decide to conclude your participation in the interview ahead of schedule.

**Whom to Contact:**

If you have any inquiries, doubts, or grievances, you are encouraged to communicate with the Principal Investigator [Provide Name and contact details such as phone or email] and [Optionally, list another researcher, for instance, a student, if relevant.] This study has undergone review and received approval from an Institutional Review Board (“IRB”). Should you need to reach out to them, you can do so at [BB phone number] or via [BB email] under the following circumstances:

* If the research team has not addressed your questions, concerns, or complaints.
* If you are unable to make contact with the research team.
* If you prefer to discuss with someone other than the research team.
* If you seek to understand more about your rights as a participant in this research.
* If you wish to offer feedback or obtain more information regarding this study.

**Consent:**

Are you willing to participate? Record the participant's answer: Yes No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of individual obtaining consent Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed name of the individual obtaining consent