

Oklahoma State Department of Health
SAMPLE CONSENT FORM

Study Title
Principal Investigator

THE FOLLOWING INFORMATION SHOULD BE CONTAINED IN MOST CONSENT FORMS:

What Is The Purpose Of The Study?

What Is Involved In The Study?

Include how long the participant will be in the study or how long the survey will take?

How Many People Will Take Part In The Study?

What Are The Risks of The Study? *

Include the fact that some survey questions may be sensitive (if applicable).

What are the Possible Benefits to Taking Part in The Study?*

What Other Options Are There? *

***These three sections are required by Federal Regulations. If the study is a minimal/no risk study with no direct benefits, then these sections can be combined into one section and can simply read as follows:**

What are the Risks, Benefits, and Options? (ONLY USE THIS SECTION WHEN SEPARATE SECTIONS FOR THESE ISSUES ARE NOT USED)

There are no risks or benefits to you for participating in this study. Your alternative is not to participate in this study.

What About Confidentiality?

Example: Efforts will be made to keep your personal information confidential. You will not be identifiable by name or description in any reports or publications about this study. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the Sponsor of the Study, and the OSDH Institutional Review Board.

What Are the Costs?

Will I Be Paid For Participating in This Study?

This section should be used only when some type of payment is being offered. It should be specified as to whether the payment is for time, travel expenses, or gift. Also to be included in this section would be any gift certificates, rebate coupons or other gifts that are to be given.

What if I am Injured or Become Ill While Participating in this Study? (Not applicable for most OSDH Studies)

Example: In the case of injury or illness resulting from this study, emergency medical treatment is available. However, you or your insurance company may be expected to pay the usual charge for this treatment. Federal regulations discourage wording such as "you will not be paid for injury" but recommend rather that it be worded as "Funds have not been set aside to pay for such things as".

What Are My Rights As a Participant?

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. If you agree to take part and then decide against it, you can withdraw for any reason. Leaving the study will not result in any penalty or loss of benefits that you would otherwise receive.

Whom Do I Call If I have Questions or Problems?

If you have questions about the study or have a research-related injury, contact the **Principal**

Investigator at phone number.

For questions about your rights as a research subject, contact Malinda Douglas, OSDH IRB Administrator, at (405) 271-4072.

Signature:

By signing this form, you are agreeing to participate in this research study under the conditions described. You have not given up any of your legal rights or released any individual or institution from liability for negligence. You have been given an opportunity to ask questions. You will be given a copy of this consent document.

I agree to participate in this study:

Research Subject: _____ Date: _____

Witness: _____ Date: _____

Person Obtaining Informed Consent: _____ Date: _____

Principal Investigator: _____ Date: _____