

(Must be on department letterhead)

### Consent Form for Study Involving Only Minimal Risk

(Complete title of research project)

**Introduction** I, \_\_\_\_\_, have been asked to participate in this study. \_\_\_\_\_, who is conducting this research to **(state why research is being done)** e.g. fulfill the requirements for a masters thesis in \_\_\_\_\_ **(subject)** at Southeastern Louisiana University, has explained the study to me.

**Purpose of the Study** The purpose is to learn more about \_\_\_\_\_.

**Description of Procedures** This study will be performed at \_\_\_\_\_. I will be asked to **(state specific procedures)** e.g. complete a set of questionnaires and tests, which will take about two hours to complete. I have been given an opportunity to examine these \_\_\_\_\_. Approximately \_\_\_\_\_ participants will be in this study.

**Risks and Discomforts** There are no known or expected risks from participating in this study, except for mild frustration sometimes associated with performance of the \_\_\_\_\_ test.

**Benefits** I understand that this study is not expected to be of direct benefit to me, but the knowledge gained may be of benefit to others.

**Contact Persons** For more information about this research, I can contact X at xxx-xxxx or his/her supervisor, Dr. Y, at yyy-yyyy.

For information regarding my rights as a research participant, I may contact the Chair of the Institutional Review Board at 549-2077.

**Confidentiality** I understand that any information obtained as a result of my participation in this research will be kept as confidential as legally possible. I understand that these research records, just like hospital records, may be subpoenaed by court order or may be inspected by federal authorities. In any publications that result from this research, neither my name nor any information from which I might be identified will be published without my consent.

**Voluntary Participation** Participation in this study is voluntary. I understand that I may withdraw from this study at any time. Refusal to participate or withdrawal will involve no penalty or loss of benefits for me. I have been given the opportunity to ask questions about the research, and I have received answers concerning areas I did not understand. Upon signing this form, I will receive a copy.

I willingly consent to my participation in this study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator or Investigator's Representative

\_\_\_\_\_  
Date