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| **Title of Project**:  | **xxxxx** |
| **Principal Investigator:** | **xxxxx** |

Please read the information below carefully before you decide to participate in this research study. **Your participation is voluntary. You can decide not to participate or later decide to stop participating at any time without penalty or lose any benefits that would normally be expected**.

1. **Purpose of the Study:** The purpose of this research study is to xxxxx.
2. **What will you be asked to do:** You will be asked to xxx. [Be sure to describe any experimental procedures].
3. **Time Required:** It will take about xxx minutes/hours to participate in the research.
4. **Research Benefits:** There are no direct benefits to you for being in this study. [If there are possible benefits you may revise the prior sentence to say “You might benefit from this study ...xxx”. Do not overstate the possible benefits] There may be a benefit to others depending on the results of this study.
5. **Research Risks:** [Risk statement may be as brief as “There are no risks or discomforts anticipated,” “There are no more than minimal risks to your participation,” “There is a risk that your information could be disclosed”, etc.]
6. **Statement of Confidentiality:** Your participation in this research is confidential. Information collected about you will be stored in computers with security passwords or in locked filing cabinets. Only certain people have the legal right to review these research records, and they will protect the secrecy (confidentiality) of these records as much as the law allows. These people include the researchers for this study, certain University of Florida officials, and the Institutional Review Board (IRB; an IRB is a group of people who are responsible for looking after the rights and welfare of people taking part in research). Otherwise your research records will not be released without your permission unless required by law or a court order. The researchers will not share your name or other identifiable information about you if they publish, present, or share the results this research.
7. **Who to contact if you have questions or injured:** Please contact xxx at (XXX) XXX-XXXX with questions or concerns about this study.
8. **Voluntary Participation:** Your decision to be in this research is voluntary. You do not have to do any study activities that you do not want to take part in. You can stop at any time. If you decide you want to stop participating in the research, you can let the research team know or call the Principal Investigator at any time at (xxx) xxx-xxxx. If you choose not to take part, this will have no effect on you or your relationships with the University of Florida. If you have any questions about your rights as a research subject, you can phone the Institutional Review Board at 352-273-9600.

Participation in the research implies that you have read the information in this form and consent to take part in the research. Please save a copy of this form for your records or future reference.

Do you voluntarily consent to participate in this study? If so, we will proceed.