

SAMPLE CONSENT FORM

The following sample is provided as a skeleton from which a consent form can be developed. It is not provided with the intention that it be precisely emulated. The detailed description of the basic elements of the consent form is presented in the CPHS Policy and Procedures manual. **REMINDER: The consent form should be written in terms comprehensible to the intended subject.**

You are invited to participate in a study conducted by [name of investigator and affiliation]. We hope to learn [state what the study is designed to discover or establish]. You were selected as a possible participant in this study because [state why the subject was selected].

If you decide to participate, we [or: Dr. (blank space) and his associates] will [describe the procedures to be followed, including their purposes, how long they will take, and their frequency]. [Describe the risks, discomforts, inconveniences, and benefits reasonably to be expected. If benefits are mentioned, add:] We cannot guarantee, however that you will receive any benefits from this study.

[Describe appropriate alternative procedures that might be advantageous to the subject, if any. Any standard treatment that is being withheld must be disclosed.]

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If you give us your permission by signing this document, we plan to disclose [state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure].

[If the subject will receive compensation, describe the amount or nature.] [If there is a possibility of additional cost to the subject because of participation, describe it.] (If there are risks to the subjects, state them explicitly.)

Your decision whether or not to participate will not prejudice your future relations with California State University, Fresno [and the named cooperating agency or institution, if any], If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Committee for the Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

If you have any questions, please ask us. If you have any additional questions later, Dr. (state name) [give a phone number or address] will be happy to answer them. Questions regarding the rights of research subjects may be directed to Dr. Kris Clarke, Chair, CSU Fresno Committee on the Protection of Human Subjects, (559) 278-2985.

You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Date

Signature

Relationship to Subject

(This line should not appear on forms that will be given to subjects consenting for themselves)

Signature of Witness (if any)

Signature of Investigator