



Initials: _____ Date: _____

Institutional Review Board

1204 Marie Mount Hall • 7814 Regents Drive • College Park, MD 20742 • 301-405-4212 • irb@umd.edu

CONSENT TO PARTICIPATE

Project Title	<i>Project Title</i>
Purpose of the Study	<i>This research is being conducted by [Principal Investigator] at the University of Maryland, College Park. We are inviting you to participate in this research project because you _____. The purpose of this research project is _____.</i>
Procedures	<i>The procedures involve ____.</i>
Potential Risks and Discomforts	<i>There may be some risks from participating in this research study.</i>
Potential Benefits	<i>There are no direct benefits from participating in this research. However, possible benefits include _____. OR The benefits to you include _____. We hope that, in the future, other people might benefit from this study through improved understanding of _____.</i>
Confidentiality	<i>Any potential loss of confidentiality will be minimized by _____. [storing data in a secure location such as: locked office, locked cabinet, password protected computer, etc].</i> <i>If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i>
Medical Treatment [*If Necessary]	<i>The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.</i>
Compensation [*If Necessary]	<i>You will receive _____. You will be responsible for any taxes assessed on the compensation.</i> <i>If you will earn \$100 or more as a research participant in this study, you must provide your name, address and SSN to receive compensation.</i> <i>If you do not earn over \$100 only your name and address will be collected to receive compensation.</i>

Right to Withdraw and Questions	<p><i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</i></p> <p style="text-align: center;">[Principal Investigator] [Address] [Email] [Telephone Number]</p> <p style="text-align: center;">[*Co-Investigator information may be listed as well.]</p>	
Participant Rights	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;">University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p><i>For more information regarding participant rights, please visit:</i> https://research.umd.edu/research-resources/research-compliance/institutional-review-board-irb/research-participants</p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Consent	<p><i>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.</i></p> <p><i>If you agree to participate, please sign your name below.</i></p>	
Signature and Date	NAME OF PARTICIPANT [Please Print]	
	SIGNATURE OF PARTICIPANT	
	DATE	