

## Sample of Consent Letter

You are invited to participate in a study of ... *state what is being studied*. I 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 and how the subject was selected*.

If you decide to participate, I (or \_\_\_\_\_ and associates) will ... *describe the procedures to be followed, including their purposes, how long they will take, and their frequency. Describe the discomforts and inconveniences reasonably to be expected, and estimate the total time required. Describe the risks reasonably to be expected, and any benefits reasonably to be expected* .

*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 not be disclosed.

*If the subject will receive compensation, describe the amount or nature. If there is a possibility of additional costs to the subject because of participation, describe it.*

*If you will be making audio-tapes, videotapes, or taking photographs, indicate assurance of confidentiality, secure storage, use of materials (presentation at conference, publication, posting to Internet), and eventual disposition of materials.*

Your decision whether or not to participate will not affect your future relationships with ... *Institution or agency*. If you decide to participate, you are free to discontinue participation at any time.

PLEASE NOTE: For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained

Please feel free to ask questions regarding this study. You may contact me later if you have any additional questions at ... *telephone number and e-mail address (if the principal investigator is conducting the study), or the name of the principal investigator, department name, e-mail address and telephone number (if the co-investigator is conducting the study)*. Any questions about your rights may be directed to Dr. Lisa I. Karch, Chair of the MSUM Institutional Review Board, at 218-477-2699 or by email at: [irb@mnstate.edu](mailto:irb@mnstate.edu).

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

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time after signing this form should you choose to discontinue participation in this study.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (use this line when appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

(The researcher should make appropriate changes in the wording when children are the subjects of the research.)