

**INFORMED CONSENT DOCUMENT
FOR RESEARCH INVOLVING ADULT SUBJECTS
(TEMPLATE FOR USE BY PRINCIPAL INVESTIGATORS)**

Project Title: _____

Investigator: _____
(include name, department and phone of contact person)

You are being asked to participate in a project conducted through Blue Mountain Community College (and if applicable - any other cooperating institution). College procedures require that you give your signed agreement to participate in this project.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask him/her any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have.

If you then decide to participate in the project, please sign your name in the signature block on the last page of this form in the presence of the person who explained the project to you. You should be given a copy of this form to keep.

- 1. Nature and Purpose of the Project:**
- 2. Explanation of the Procedures:**
- 3. Discomfort and Risks:**
- 4. Benefits:**
- 5. Confidentiality:**
- 6. Refusal/Withdrawal:**

Refusal to participate in this study will have no effect on any future services you may be entitled to from the college. Anyone who agrees to participate in this study is free to withdraw from the study at any time without penalty.

I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

Participant Signature

Date

Witness Signature

Date

THE DATED APPROVAL STAMP ON THIS CONSENT FORM INDICATES THAT THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY THE BLUE MOUNTAIN COMMUNITY COLLEGE INSTITUTIONAL REVIEW BOARD (IRB) FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH AND RESEARCH RELATED ACTIVITIES.

ANY QUESTIONS REGARDING THE CONDUCT OF THE PROJECT OR QUESTIONS PERTAINING TO YOUR RIGHTS AS A RESEARCH SUBJECT OR RESEARCH RELATED INJURY SHOULD BE BROUGHT TO THE ATTENTION OF THE IRB CHAIR AT PHONE NUMBER (541) 278-5838.

ANY QUESTIONS ABOUT THE CONDUCT OF THE RESEARCH PROJECT SHOULD BE BROUGHT TO THE ATTENTION OF THE PRINCIPAL INVESTIGATOR:

NAME: _____

TELEPHONE _____ ADDRESS _____