**Consent to Participate in \_\_\_ Study**

This consent form applies to: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is provided to inform you about the research on \_\_\_. Please feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and have your questions answered. In addition, you will be given a copy of this consent form.

1. **Purpose of the study**. This study is being conducted by (researcher’s name and faculty/student status) of the Department/School/College of \_\_\_ at the Lincoln University

 in order to better understand (research topic). This research will help (who?) to better understand how (process of issue being investigated). Your responses in the interview are confidential and only available to the (interviewer/researcher/faculty supervisor).

1. **Description of the procedures to be followed and approximate duration of the study**. Participants in the research will participate in (describe data collection process) which will focus on (research topic). This (data collection process) will last approximately (length of time).
2. **Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study**. Discussing (research topic) may be uncomfortable, and (care services) will (or will not) be available to you as a result of your participation.
3. **Description of how confidentiality will be assured and the limits to these assurances, if any.**
4. **Anticipated benefits resulting from this study**.

A. The potential benefits to you from participating in the study are (describe benefits). The study may be helpful to increase your understanding of (issue being investigated).

B. The potential benefits to science and humanity that may result from this study are (describe benefits). This study will provide information to (intended audience of research results) to help them (intended outcomes of the research results.

1. **Alternative procedures**. If alternative procedures exist, please describe them here. Otherwise, include a statement that says: There are no alternative procedures to participation in the interview.
2. **Contact information**. If you have any questions about this study, you can contact the person(s) below:

Name of Principal Investigator Name of Supervisor (if PI is a student)

Department/School Department/School

Lincoln University Address

1570 Baltimore Pike 19532-0999 City/State/Zip

Telephone numbers Telephone numbers

E-mail Lu-irb@lincoln.edu E-mail

This study has been reviewed and approved by Lincoln University’s Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies.  If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions regarding your rights as a research subject, please contact the **Institutional Review Board** at (484) 365-8000.

**8. Your rights as a volunteer**. Your participation in this study is completely voluntary, and you may choose not to participate. You are free to withdraw from this study at any time with no penalty to you. Your responses will be confidential. If the results of this study were to be written for publication, no identifying information will be used.

**STATEMENT BY PERSON/PARENT AGREEING TO PARTICIPATE IN THIS PROJECT**

Please check both boxes, sign, and write in today’s date.

[ ] I have read this consent form, and all of my questions have been answered. I freely and voluntarily choose to participate in the research interview, and it has been explained that I will receive a signed copy of this form.

[ ] The information contained in this consent form has been adequately explained to me. All my questions have been answered and I freely and voluntarily choose to participate. It has been explained to me that I may withdraw my consent at any time without penalty.

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Date Signature

Consent obtained by (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_