

**Social and Behavioral Sciences**  
**Sample Adult Consent**

**INFORMED CONSENT DOCUMENT**

*[Insert Study Title]*

You are being asked to participate in a research study about *[insert general statement about study]*. You are selected as a possible participant because *[explain how subject was identified]*. Please read this form and ask any question before agreeing to be in the research.

This study is being conducted by researchers at Lincoln Memorial University.

**BACKGROUND INFORMATION**

The purpose of this research is *[explain the research question and purpose]*.

**DURATION**

*State the duration (subject time commitment) and location of the study.*

**ELIGIBILITY**

*Add eligibility requirements such as “You must be 18 years of age or older to participate”, “You must be a resident of Claiborne County”, etc.*

**PROCEDURES**

If you agree to be a participant in this research, we would ask you to do the following things.

- *Describe the procedures to be followed (include audio taping or videotaping if applicable)*
- *State the duration (subject time commitment) and location of the study.*
- *Add eligibility requirements such as “You must be 18 years of age or older to participate.”*

**RISKS AND BENEFITS**

This research has the following risks....

- *Explain any expected risks or discomforts a subject may experience and the likelihood of the risks/discomforts. Risks may be physical, emotional, financial, etc. If there are no known risks/discomforts to participation say “There are no known risks associated with this research.” If there is a significant risk or discomfort, the subject should be told under what conditions the researcher will terminate the study.*

The benefits to participation are....

- *Explain benefits of participation that will be gained by the participants or others (Note compensation is not a benefit)*

**COMPENSATION**

You will receive the following compensation for your participation...

- *Explain the amount of compensation such as college credit, food, gift certificate. If there is no compensation say “There is no compensation for participation.”*

**ALTERNATIVES**

- *List any alternatives to the study (i.e. subject may choose to do an alternative class assignment for extra credit instead of participating in the research.) If there are no alternatives you can exclude this section.*

### **PRIVACY/CONFIDENTIALITY**

- *List the extent to which confidentiality or anonymity of the data and privacy of the subject will be maintained.*
- *State who will have access to the data.*
- *State that data may be published or presented at a conference (or how it will be publicly presented) and how privacy will be maintained.*
- *If applicable and with respect to confidentiality and/or anonymity, explain how data and/or consent forms will be distributed, collected, returned, and handled (i.e. will consent forms or surveys be sealed by subjects in separate envelopes before they are returned, will consent forms and surveys be collected and stored separately, etc.)*
- *If applicable, state how tape or video recordings will be made and used (i.e. transcribed, copied, etc.), who will have access to them, and when they will be erased or destroyed.*
- *If applicable (for class instructors), state that consent forms will be kept in a sealed envelope and not viewed until grades are posted to address potential coercion.*
- *If applicable, state that data will be collected or shared with a third party and explain why this will be done and what steps will be taken to protect the subject's privacy.*
- *If applicable (web based surveys), inform subjects of the security (i.e. is the web site secure or encrypted, who will collect the data, will the data be collected with or without identifiers.)*

### **VOLUNTARY PARTICIPATION**

Your participation is voluntary. There is no penalty if you choose not to participate and you are free to withdraw at any time. [Note that a subject cannot withdraw once an "anonymous" survey is submitted; however, a subject may choose not to complete the survey.]

- *If applicable, add a statement such as "There is no loss of benefits if you choose to withdraw" or state how compensation will be prorated.*
- *If applicable, state that a subject may skip any questions they do not feel comfortable answering.*
- *If applicable, state that the subject may request the audio or video tape to be turned off at any time.*

### **CONTACTS and QUESTIONS**

The researcher(s) conducting this study is/are [Responsible Investigator and Co-Investigators, if applicable]. If you have questions you may contact them at [contact information].

If you have questions about the rights and welfare of research participants please contact the Chair of the Lincoln Memorial University Institutional Review Board, Dr. Lori McGrew at or lori.mcgrew@lmunet.edu.

### **RETURN INSTRUCTIONS**

- *Add any other instructions such as how to return the survey or consent forms (i.e. seal the consent form in the self-addressed envelope provided, return the survey to the instructor, etc.)*

**VOLUNTARY PARTICIPATION STATEMENT\***

You should not sign this form unless you have read it and have been given a copy of it to keep. Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with LMU or your quality of education provided to you by LMU. Your signature below indicates that you have read the information in this consent form and have had a chance to ask questions that you have about the study.

**IF YOU HAVE QUESTIONS\***

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed at the top of this form.

If you are unable to reach a member of the research team listed at the top of this form and have general questions, or you have concerns or complaints about the research study, research team, or questions about your rights as a research subject, please contact the Chair of the LMU IRB, Dr. Lori McGrew at (423) 869-6613, or by email [irb@lmunet.edu](mailto:irb@lmunet.edu).

I have read and understand the information above and I willingly give my consent to participate in this research study. I am 18 years of age or older.

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Subject Signature

Date

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Printed Name of Subject

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Researcher Signature

Date

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Printed Name of Researcher

**A COPY OF THIS CONSENT IS BEING PROVIDED FOR YOUR RECORDS**