NOTE: Remove instructions/cues (everything in red) in final copy. Copy submitted to Institutional Review Board (IRB) should appear as it will for the participants

Informed Consent

(USE FOR CONSENT FORMS FOR PROJECTS WHERE A PARTICIPANT SIGNATURE IS NOT REQUIRED, E.G., SURVEYS/QUESTIONNAIRES)

NOTE:

- Model text is in **BOLD**
- Instructions are in *[italics*]
- _____Line indicates that the investigator should fill in the appropriate information and remove underlining for final copy.

STUDY TITLE

This is a research project being done as part of the requirements for my master's degree at Madonna University. *[Optional]*: **In addition**_____ *(employer)* **is also interested in determining**_____*(what employer hopes to learn)*.

You are being asked to take part in this study because you _____ *(e.g., work in the Quality Control Dept.; are a manager in the company).*

The purpose of this study is to_____.

About _____ **people will take part in this study.**

If you take part in this study, you are being asked to _____.
[Participate in an interview(s)] [Answer questions on a survey or questionnaire(s)]
[List EVERYTHING the subject will be asked to do, how often, and in what setting. Indicate if there is a second or later phase/contact in study. For randomized studies, list the study groups and under each describe categories of procedures.]

This will take approximately _____ **minutes of your time.** *[Indicate amount of time at each contact and total length of time for all contacts; e.g., "___for each interview for a total of _____.")*

Taking part in this study is voluntary. You may choose not to participate. While you are completing the survey, you can change your mind and stop participating with no negative consequences. You also may choose to not respond to specific items/questions. Not participating in the study will not result in any penalty or loss of benefits to which you are entitled.

While participating in this study has very little risk, there is always a slight risk of loss of confidentiality. The researcher will take every precaution to maintain the confidentiality of your information. It will be viewed only by the researcher and will be kept in a locked file. After the study is completed, if any identifying information was collected, it will be destroyed. *[If using an audiotape, indicate this and state that the tape will be erased after the study is completed. If other risks pertain, list them and describe efforts to reduce them.]*

For more information about risks, ask the researcher or contact _____ *(give research advisor's name and work phone number).*

If you agree to take part in this study, there may or may not be direct benefit to you. We hope the information learned from this study will benefit _____ *(employer/employees, patients, etc.)* **by**_____*(e.g., improving work efficiency/improving specific work conditions, understanding opinions, etc.)* **in the future. You will receive no payment for taking part in this study.**

For questions about the study or a research-related injury, contact the researcher _____ *(NAME{S})* **at** _____ *(TELEPHONE NUMBER).*

For questions about your rights as a research participant, contact the Madonna University Institutional Review Board (which is a group of people who review the research to protect your rights) at (734) 432-5666.

While a research-related injury is highly unlikely, Madonna University offers no compensation for participation in the study or for any injury, should it occur as a result of the study.

Responding to the survey (or questionnaire) will be taken as an indication of your consent to participate in this study.

If you wish a copy of the results, please contact the researcher _____ ***(your name)*** **at** _____ ***(your phone number)*****.**

Do you have any questions?

You may keep this form.

Informed Consent Script

(USE FOR CONSENT FOR PROJECTS WHERE A PARTICIPANT SIGNATURE IS NOT REQUIRED, E.G., SURVEYS/QUESTIONNAIRES) AND A SCRIPT IS NEEDED

NOTE:

- Model text is in **BOLD**
- Instructions are in *[italics]*
- _____Line indicates that the investigator should fill in the appropriate information and remove underlining for final copy.

STUDY TITLE

I'm conducting a research project as part my master's degree at Madonna University. *[Optional]*: **In addition**_____ *(employer)* **is also interested in determining** *(what employer hopes to learn)*.

The purpose of this study is to_____.

About _____ people will take part in this study.

If you participate in this study, I am asking you to _____.
[Participate in an interview(s)] [Answer questions on a survey or questionnaire(s)]
[List EVERYTHING the subject will be asked to do, how often, and in what setting. Indicate if there is a second or later phase/contact in study. For randomized studies, list the study groups and under each describe categories of procedures.]

This will take approximately _____ minutes of your time. *[Indicate amount of time at each contact and total length of time for all contacts; e.g., "___for each interview for a total of _____.")*

This study is voluntary and you may choose not to participate. If you start to participate, you can change your mind and stop participating at any time. You also may choose to not respond to specific items/questions. If you don't participate in the study there will not be any negative result for you.

Your responses will remain confidential. It will be viewed only by me and will be kept in a locked file. After the study is completed, if any identifying information was collected, it will be destroyed. *[If using an audiotape, indicate this and state that the tape will be erased after the study is completed. If other risks pertain, list them and describe efforts to reduce them.]*

While I don't expect there to be any direct benefit to you, I hope the information learned from this study will benefit _____ *(employer/employees, patients, etc.)* **by**_____*(e.g., improving work efficiency/improving specific work conditions, understanding opinions, etc.)* **in the future.**

For questions about your rights as a research participant, contact the Madonna University Institutional Review Board (which is a group of people who review the research to protect your rights) at (734) 432-5666.

If you wish a copy of the results, please contact me.

Do you have any questions?

Provide a card with contact information for you, your advisor and the Institutional Review Board.