Version 8.22.18

**UNIVERSITY OF NEW ENGLAND**

**CONSENT FOR PARTCIPATION IN RESEARCH**

**Project Title:**      

**Principal Investigator(s):**

**Introduction:**

* Please read this form. You may also request that the form is read to you. The purpose of this form is to give you information about this research study, and if you choose to participate, document that choice.
* You are encouraged to ask any questions that you may have about this study, now, during or after the project is complete. You can take as much time as you need to decide whether or not you want to participate. Your participation is voluntary.

**Why is this research study being done?**

**Who will be in this study?**

**What will I be asked to do?**

**What are the possible risks of taking part in this study?**

**What are the possible benefits of taking part in this study?**

**What will it cost me?**

**How will my privacy be protected?**

**How will my data be kept confidential?**

**What are my rights as a research participant?**

* Your participation is voluntary. Your decision to participate will have no impact on your current or future relations with the University.
* Your decision to participate will not affect your relationship with      .
* You may skip or refuse to answer any question for any reason.
* If you choose not to participate there is no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.
* You are free to withdraw from this research study at any time, for any reason.
  + If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.
* You will be informed of any significant findings developed during the course of the research that may affect your willingness to participate in the research.
* If you sustain an injury while participating in this study, your participation may be ended.

**What other options do I have?**

* You may choose not to participate.

**Whom may I contact with questions?**

* The researchers conducting this study are 
  + For more information regarding this study, please contact
* If you choose to participate in this research study and believe you may have suffered a research related injury, please contact
* If you have any questions or concerns about your rights as a research subject, you may call Mary Bachman DeSilva, Sc.D., Chair of the UNE Institutional Review Board at (207) 221-4567 or [irb@une.edu](mailto:irb@une.edu).

**Will I receive a copy of this consent form?**

* You will be given a copy of this consent form.

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## Participant’s Statement

**I understand the above description of this research and the risks and benefits associated with my participation as a research subject. I agree to take part in the research and do so voluntarily.**

Participant’s signature or Date

Legally authorized representative

Printed name

## Researcher’s Statement

**The participant named above had sufficient time to consider the information, had an opportunity to ask questions, and voluntarily agreed to be in this study.**

Researcher’s signature Date

Printed name