Westminster College
Institutional Review Board (IRB)
For the Protection of Human Subjects

Form B
Consent Form for Adults

Before agreeing to participate in this study, it is important that the following explanation of the proposed procedures be read and understood. It describes the purpose, procedures, benefits and risks of the study. It also describes alternative procedures available and the right to withdraw from the study at any time. It is important to understand that no guarantee or assurance can be made as to the results. See below.

You have been invited to participate in a research study, the purpose of which is _______.

The study procedure(s) have been identified as _______.

The duration of the study is expected to be _______. You will be notified of any significant variance from the stated duration of the study.

Benefits that may occur from participation in this study have been identified as _______.

INVESTIGATORS: Include one of the following two statements as applicable:

Projects for which there are no or minimal foreseeable risks:
There are no foreseeable side effects/risks associated with this project, other than the possibility of _____________. However, some side effects/risks may be unforeseeable.

Projects for which possible side effects/risks have been identified, including psychological side effects:
The potential side effects/risks associated with the study have been identified as _______. In the event that you are affected by these side effects/risks, the following remedies are available to you: ____. Some side effects/risks may be unforeseeable.

Your participation in this study is entirely voluntary, and you may withdraw from the study any time you wish without any penalty to you.

If you have any questions about this study or wish to withdraw, please contact:

Principal Investigator
Phone:

If you have any questions regarding your rights as a research participant, please contact:

Chair of IRB
Phone:

All personally identifiable study data will be kept confidential. However, the results of this study may be made available to you upon request or used in formal publications or presentations.

If you feel that you have received a satisfactory explanation as to the risks and benefits of this study as well as your rights as a research participant and you would like to participate, please sign and date below. You will be given a copy of this form for your records.

Signature of Subject
Date

Signature of Investigator
Date