Informed Consent

GEORGIA GWINNETT COLLEGE

Title:

Investigator (s):

Student Investigator (s):

Please read the following consent form. By signing, you agree to all terms and conditions of the research.

1. As an adult over 18 years of age, I give my consent for [RESEARCHERS NAMES], to involve me in their study titled: [].
2. **Purpose of the Study**: …
3. **Procedures to be followed**: Following this informed consent, I will be asked to…
4. **Duration/Time**: This study will last approximately --- minutes
5. **Discomforts and Risks**: I understand that this experiment does not pose any risks to me beyond those encountered in everyday life.
6. **Benefits**:
	1. The benefits to me include….
	2. The benefits to society include ….
7. **Statement of Confidentiality**: I understand that no identifying information will be used in any report describing my behavior or responses and that only the researchers named above and the GGC Qualtrics administrators will be informed of my participation in this activity (unless I ask to have a third party informed for proof of completion). I understand that Qualtrics is the recommended survey tool at GGC and the researchers will use an anonymous link to the survey with the anonymous response setting enabled. If I need to be identified in the study, I will be randomly assigned an identification number that will be known only to the experimenter. The code should not be a combination of information related to me, such as student ID, initials, date of birth, etc. It can be letters and/or sequential numbers, such as ST001, ST002, ST003, and so on. My name or other identifying information will not be requested during the survey. My informed consent sheet, the only document that has my name, will be stored separately from my data.
8. **Right to Ask Questions**: Participants have the right to ask questions and receive appropriate responses to those questions. If you have questions about this study, please contact [RESEARCHER] at [e-mail/phone number]. For questions concerning your rights as a research participant, contact the chair of the IRB at GGC at irb@ggc.edu (telephone: 678-517-5696).
9. **Compensation**: Participants may receive the satisfaction of knowing that they have helped contribute to science.
10. **Voluntary Participation and Right to Withdraw**: I understand that I have the right to revoke this consent at any time. Moreover, even if I choose to continue to participate in an interview or other activity, I may decline to answer some questions or perform some tasks. The researchers guarantee that if I refuse to participate, there will be no penalty, no retribution, and no loss of benefits.

INCLUDE ONLY IF APPLICABLE (REMOVE IF NOT)

1. **Identifiable private information**: This research involves collecting identifiable private information or identifiable biospecimens. I agree that identifiers may be removed, and **de-identified** information or biospecimens **may be** used or shared for future research without additional informed consent from me.
2. **Broad Consent:** CHOOSEONE

I give consent for the storage, maintenance, and secondary use of my identifiable private information or identifiable biospecimens for future, yet-to-be-specified research, for the following types of research activities:

(Researchers should list types of future research activities here)

 Yes

 No

1. My biospecimens may be used for commercial profit and I will share in this commercial profit.

 Yes

 Yes, but only after identifiers are removed

 No

1. Any clinically relevant research results, including individual research results, will be disclosed to me under the following conditions (researcher should list all):
2. For research involving biospecimens, the research might include whole genome sequencing (i.e., sequencing of a human germline or somatic specimen with the intent to generate the genome or exome sequence of that specimen).

 Yes

 No

**Statement of Consent**: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your willingness to participate in this project.***