**Informed Consent form**

*(Sample for conducting Expedited or Full Review Research)*

**Research Project title**: insert title

**Primary investigator**: John Doe, Assistant Professor, Dept ABC, (585)389-0000; email1@naz.edu

**Faculty Advisor**: Name and contact information, mandatory for student applicants

**Additional investigators**: if applicable

1. **Purpose of the Research**: The purpose of this research is to explore….……. This study has been reviewed and approved by the Human Subject Research Committee at Nazareth University.
2. **Description of Procedures**: This research involves ……. *(Describe exactly what the participants are expected to do)*
3. **Duration of Procedures**: The procedure will take about 1 hour.
4. **Risks and Discomfort**: There are no anticipated possible risks or discomfort in participating in this research. As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken.
5. **Benefits:** I may gain some experience in…..or There is no direct benefit to participate in this study.
6. **Statement of Participation**: I must be 18 years old to participate in this study. Participation in this project is voluntary. I will not be paid for the participation (or I will be paid $xx at the end of the focus group). I may withdraw and discontinue participation at any time without penalty or loss of benefits.
7. **Statement of Confidentiality**: Participation in this research is confidential. The data will be stored at a secure location in a locked file cabinet accessible only to researchers of the project. Researchers will store or archive data in a secure and locked file cabinet. When the results of the research are published or presented at conferences, no information will be included that would reveal my identity. If photographs, (videos, or audiotape recordings of you) will be used for educational purposes, my identity will be protected through*…(describe the procedure eg face will be blocked through video editing)*
8. **Contacts for questions**: For any questions or concerns regarding this study, please contact the primary investigator (see above contact information).I may also contact the Chair, Human Subjects Research Committee, Nazareth University, if questions or problems arise during the course of the study, *insert name of HSRC Chair and phone number*.

I have read and understand the information provided. I voluntarily agree to participate in this study.

Participant Signature Date

Researcher Signature Date