

Sample Informed Consent Form

Date:

Study Name:

Researchers:

Sponsors: York University and

Purpose of the Research

What You Will Be Asked to Do in the Research:

Risks and Discomforts: We do not foresee any risks or discomfort from your participation in the research. *[If there is a possibility of harm, it needs to be described]*

Benefits of the Research and Benefits to You:

Voluntary Participation: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer will not influence the *[treatment you may be receiving]* *[nature of the ongoing relationship you may have with the researchers or study staff]* nature of your relationship with York University either now, or in the future.

Withdrawal from the Study: You can stop participating in the study at any time, for any reason, if you so decide. If you decide to stop participating, you will still be eligible to receive the promised pay for agreeing to be in the project. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, York University, or any other group associated with this project.

Confidentiality: *[Unless you choose otherwise]* *[Indicate if the interviewing or recording of the participant will be associated with identifying information]* All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Your data will be safely stored in a locked facility and only research staff will have access to this information. Confidentiality will be provided to the fullest extent possible by law.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Dr. XXXXXX either by telephone at (XXX) xxx-xxxx, extension xxxxx or by e-mail (researcher@yorku.ca). This research has been reviewed by the Human Participants in Research Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact Ms. Alison Collins-Mrakas,

Manager, Research Ethics, 277 York Lanes, York University (telephone 416-736-5914 or e-mail acollins@yorku.ca).

Legal Rights and Signatures:

I (*fill in your name here*), consent to participate in (*insert study name here*) conducted by (*insert investigator name here*). I have understood the nature of the this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature _____
Participant

Date _____

Signature _____
Principal Investigator

Date _____