

**This consent form template is used when you are not telling the subject the purpose of the study or not disclosing the complete truth (i.e. use of deception or concealment). See** [**800.02, Conceal or Deception in Research**](https://tamucc-my.sharepoint.com/%3Ab%3A/g/personal/rebecca_ballard_tamucc_edu/EQturbZwe09Fstw0TWtOI3AB52DDYLal-26fkMRcFr9-Xw?e=xzuJDn) **for more information.**

**Please modify this form so that it accurately describes your study. Delete all red text from the form.**

**INFORMATION SHEET**

**<Title of Study>**

**Introduction**

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study.

**Why is this research being done?**

Texas A&M University-Corpus Christi is conducting a research study <describe the area, i.e. in your community, in your neighbourhood or in the area of <study topic>.

For scientific reasons, this consent form does not include complete information about the study hypotheses and the research questions being tested. After your participation is done, you will be fully debriefed. We will explain the study in full detail. Once you understand the study completely, you will have a chance to tell us if you would like us to continue to use the data collected from you or not.

**You may withdraw from the study at any time** without penalty or loss of benefits to which you are otherwise entitled.

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

If you agree to participate in this study, you will be asked to <explain tasks and procedures (include details about completing surveys, interviews, tests, and/or focus groups as applicable).> This study will take <insert length of time for participation, frequency of procedures, etc.>.

**What are the risks involved in this study?**

The risks associated with this study are <explain risk, including the likelihood of the risk occurring>. \**If risks are minimal, you may state:* The risks associated in this study are minimal and are not greater than risks ordinarily encountered in daily life.

**What are the possible benefits of this study?**

 The possible benefits of participation are <insert benefits that may be reasonably expected. Monetary compensation should not be categorized as a benefit.>.

\**If there are no direct benefits to the research participant, you may state:* You will receive no direct benefit from participating in this study; however, *<*explain potential benefits to society>.

**Do I have to participate?**

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No. Your participation is voluntary.

**Who will know about my participation in this research study?**

This study is <anonymous OR confidential, **\**cannot be both,***> and <describe how confidentiality or anonymity will be maintained. \**Example text.* All information you provide will be considered confidential and grouped with responses from other participants. You will not be identified by name in any report or publication resulting from this study. Research records will be stored securely and only <insert names of individuals who will have access to this data> will have access to the records.>

**Is there anything else I should consider?**

<Use this section to disclose any other information that may affect the participant’s decision to participate in this research. Possible information may include: conditions in which the participant may be withdrawn from this study, costs to participant, financial interests of PI, or any other disclosure. \**If there is not additional information, remove this section.>*

**Whom do I contact with questions about the research?**

If you have questions regarding this study, you may contact <list PI name, phone number, email address> or <list alternate contact, phone number, email address>.

**Whom do I contact about my rights as a research participant?**

This research study has been reviewed by the Institutional Review Board and/or the Office of Research Compliance at Texas A&M University-Corpus Christi. To report a problem or for questions regarding your rights as a research participant, contact the Research Compliance Office: at (361) 825-2497 or via email sent to irb@tamucc.edu.

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