**This is a template for a waiver of documentation of consent which means there will be NO signature of the participant, but information will be shared with the participant prior to their participation.**

* It must be edited to include study-specific information.
* Remove the italics when study-specific text has been added. The text not italicized should stay in.
* If this will be used for parental consent of a child, change “you” to “your child” where appropriate.
* There are additional regulatory elements of consent that may be required depending on the study. The IRB office will let you know if anything needs to be added.
* You must delete all this red text and reformat before submitting to the IRB

**Consent to Participate in a Research Study**

**Project Title:** *(insert title)*

**Principal Investigator Name:** *(insert PI name and advisor if this is a student-led project)*

**Sponsor:** *(insert sponsor name if sponsored or remove)*

**IRB Assigned Project Number:** *(insert the IRB project number)*

**Key Information About the Study**

You are being asked to participate in a research study. The purpose of the research study is *(Provide a brief summary of the purpose of the research. More detail can be included later).* You are being asked to *(describe what they are mainly being asked to do).*  Possible benefits include *(include a brief summary here).* Some possible risks may include *(include a list of the most important potential risk(s) in this section).*

Please read this form carefully and take your time. Let us know if you have any questions before participating. The research team can explain words or information that you do not understand. Research is voluntary and you can choose not to participate. If you do not want to participate or choose to start then stop later, there will be no penalty or loss of benefits to which you are otherwise entitled.

**Purpose of the Research**

You are being asked to participate in this study because *(describe why they were chosen to participate).* The purpose of the study is to *(insert purpose of the study here).*

*(If there any conflicts of interest to disclose, include here otherwise remove).*

**What will happen during the study?**

You are being asked to *(describe all research activities required of them – include lists, bullets, or other organized ways to present the information. Different visits should be separated with clear expectations. List any procedures which are experimental).*

Your participation is expected to last *(include expected duration).*

**What are the expected benefits of the study?**

You may or may not benefit as a result of your participation in the study. Information learned from the study may help other people in the future. *(this is just sample text; it must be edited to describe whether they may expect direct benefits or if there are no direct benefits. Study-specific information must be included here)*

**What are the possible risks of participating in this study?**

There are minimal risks expected when taking part in this study. There are some that we know about and some may not know about yet. Some possible risks include *(this is just sample text; it must be edited to describe potential risks – list by severity and frequency).*

To help lower these possible risks, we will *(describe what is being done to minimize risks to subjects).*

We will tell you about any new information we learn that may affect your decision to continue to participate in this study.

What other choices do I have if I don’t want to be in this study?

You are not required to be in this study. You can simply choose not to participate. You can look for other research projects you may be interested in instead of this study. *(list any alternative procedures or courses of treatment, if any, that may be advantageous to the subject).*

Will I receive compensation for taking part in this study?

*Include one of the following statements – remove the other:*

You will not be compensated for taking part in this study.

You will be compensated for taking part in this study. For your time and effort, you will receive *(Include amount, timing, and method of payment/credits. If prorating is necessary, include your proration plan)*

*Include the following if course/extra credit is offered to students – remove if not:*

You will receive *(include number of credits)* credits for participating in the study. *(include prorated plan if required)* If you choose not to participate in this study, you can still receive the credits by *(insert alternative assignment).*

Will information about me be kept private?

The research team is committed to respecting your privacy and keeping your personal information confidential. We will make every effort to protect your information to the extent allowed by law. When the results of this research are shared, we will remove all identifying information so it will not be known who provided the information. Your information will be kept as secure as possible to prevent your identity from being disclosed. *(this section will need to be edited as needed)*

*If the project collects identifiable information or biospecimens, you must include one (not both) of the following statements – if no identifiers are collected, then remove this language:*

What we collected from you as part of this research will not be used or shared for future research studies. It will only be used for purposes of this study.

We may share what we collected from you as part of this research, after removing your identifiers, for future research without additional informed consent from you.

Who do I contact if I have questions or concerns?

If you have questions about this study or experience a research-related injury, you can contact the University of Missouri researcher at (*insert phone number and email address*).

If you have questions about your rights as a research participant, please contact the University of Missouri Institutional Review Board (IRB) at 573-882-3181 or [muresearchirb@missouri.edu](mailto:muresearchirb@missouri.edu). The IRB is a group of people who review research studies to make sure the rights and welfare of participants are protected.

*(Include for biomedical studies only, otherwise remove).* If you want to talk privately about any concerns or issues related to your participation, you may contact the Research Participant Advocacy at 888-280-5002 (a free call) or email [muresearchrpa@missouri.edu](mailto:muresearchrpa@missouri.edu).

**Do I get a copy of this consent?**

You can ask the researcher to provide you with a copy of this consent for your records, or you can save a copy of this consent if it has already been provided to you.

We appreciate your consideration to participate in this study.