**Study title:**

**Researchers:**

**What is the purpose of this study?**

**What will I be asked to do if I choose to be in this study?**

**How much time will I be asked to devote to this study?**

**What are the possible risks or discomforts that I might experience?**

**What are the possible benefits for me or others?**

**What alternatives are available?**

**Do I have to participate?**

**What will happen if I do not participate?**

**What will happen if I leave the study?**

**Will it cost me anything to participate?**

**Will I get paid anything if I participate?**

**How will my confidentiality and privacy rights be protected?**

**IN THIS STUDY:**

Identifiable private information or specimens (private information or specimens that can be traced back to you) will be collected:

o Yes o No

***If yes:***

Identifiable private information or specimens may be used for future research studies ***without*** gaining further permission from me:

o Yes o No

Identifiable private information or specimens may be used for future research studies, but ***only*** with if I give permission:

o Yes o No

Identifiable private information or specimens ***will not*** be used for future research studies:

o Yes o No

**WHAT ARE MY RIGHTS?**

* If you choose to be in this study, you have the right to be treated with respect, including respect for your decision to stop being
in the study.
* You are free to stop being in the study at any time.
* Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefits to which
you are otherwise entitled.
* You will be given any information that either the researcher or the IRB reasonably believes is important to your choice about whether or not to be in this research study.
* If you want to speak with someone who is not directly involved in this research, or if you have questions about your rights as a research subject, contact the Chamberlain University Institutional Review Board (IRB) Office via email at **irb@chamberlain.edu**.

**Who do I contact for any questions about this study?**

**Is there anything else I need to know?**

This research study was reviewed by the Chamberlain University Institutional Review Board (IRB). The goal is to assure that the study protects the rights and safety of the human subjects of this research.

*(If Applicable)*

I give permission for photographs or videotapes of me to be used in this study: \_\_\_\_\_\_\_\_\_\_ (initials)

**I DO NOT** give permission for photographs or videotapes of me to be used in this study: \_\_\_\_\_\_\_\_\_\_ (initials)

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and
my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

Signature of Subject Date