

SAMPLE

**INFORMED CONSENT AUTHORIZATION TO PARTICIPATE
IN A RESEARCH PROJECT**

TITLE: Knowledge of Good Health Practices for Disease Prevention and Health Promotion in Tarrant County

PRINCIPAL INVESTIGATOR: (Must be a faculty member)

INSTITUTION: University of North Texas Health Science Center at Fort Worth

SUBJECT NAME (please print): _____

I. STUDY PURPOSE

The purpose of this research study is to find out how much residents of Tarrant County know about health, nutrition and exercise which helps prevent disease and promote good health.

II. STUDY PROCEDURES

You will be asked to complete a 25-question survey about health, nutrition and exercise. The survey should take approximately 20 minutes. You do not need to answer any question that you are uncomfortable with.

III. RISKS AND DISCOMFORTS OF THE STUDY

There are no risks of physical harm to you by participating in this study. The only possible risk to you would be a breach of confidentiality in which your responses to this survey would accidentally be revealed to someone other than the study investigators. However, the study investigators will take all precautions necessary to protect your confidentiality as a research study participant. No personal identifying information, such as name or address, will be collected on this survey.

IV. CONTACTS

If a study-related problem should occur, or if you have any question at any time about the study, you may contact Dr. John Doe's office at (817) 735-XXXX or (817) 735-XXXX. If you have any questions about your rights as a participant in this study, you may contact the Chairman of the Institutional Review Board, University of North Texas Health Science Center at Fort Worth at (817) 735-0409.

V. BENEFITS

You may receive no direct benefit from participating in this study. The information gained from this research may lead to the development of better health education programs in the health clinics of Tarrant County.

VI. CONFIDENTIALITY

Your survey answers will be kept as confidential as possible under current local, state and federal laws. However, the Office For Human Research Protections, possibly other federal regulatory agencies, and the Institutional Review Board may examine your survey responses and the study data. In case the final results of this study should be published, your name will not appear in any published material.

VII. COMPENSATION FOR INJURY

There is no risk of physical injury to you by participating in this survey. You should know that by signing this form you are neither waiving any of your legal rights against nor releasing the principal investigator, the University of North Texas Health Science Center at Fort Worth or any of their respective agents from liability for negligence with respect to the conduct of this study.

VIII. LEAVING THE STUDY

You can choose not to be in the study or leave it at any time without penalty or loss of benefits that you are otherwise entitled. Your participation (or nonparticipation), or any answer that you give, will in no way affect the care that you receive at your health clinic or any Tarrant County clinic.

IX. CONSENT

I understand that if I am a student or employee of the University of North Texas Health Science Center, my participation (or non-participation) will in no way affect my academic standing or employment status.

I voluntarily agree to participate in this study. I have had the chance to ask the study investigators any questions I have regarding this study.

I HAVE RECEIVED A COPY OF THIS SIGNED INFORMED CONSENT AGREEMENT.

Signature of Study Participant

Date

Signature of Investigator

Date

Signature of Witness

Date