You are being asked to take part in a research study. Before you decide whether to take part, please read the information below and ask questions about anything you do not understand.

PARTICIPANT’S NAME: ________________________________

TITLE OF THE RESEARCH STUDY: Title must match other documents

RESEARCH INVESTIGATORS:
PI Name, email and phone number List information for all other investigators
Jacksonville University, 2800 University Blvd. N., Jacksonville, FL 32211

THE PURPOSE OF THE STUDY is This should be a simple explanation
You will be asked to Explain, in detail, at an 8th grade readability level Describe how this is different from what would happen if they did not take part in the study
If you decide to be in the study, the investigators will collect the following information list what data will be collected, including personal identifiers. Provide information about how and where this information will be collected
If you have any questions now or at any time during the study, you may contact anyone listed under Investigators.

If you agree, you will take part for the maximum time an individual will participate. About How many? State if they are all children, teens, etc.- this should match the application will take part in the study.

BENEFITS OF THE STUDY: You may or may not benefit from being in this study. Realistically describe how the participant will benefit. It is acceptable to say that they will not personally benefit. Others may benefit. Be realistic. This may just be increased knowledge about…)

RISKS OF THE STUDY: The risks of taking part in this study are There are always risks in research, even if only possible loss of confidentiality

COSTS / COMPENSATION: You Will or will not have to pay amount for taking part in this study and you If they are paid state how much and how often, or state that they will not be paid for taking part in this study.

ALTERNATIVE TO BE IN THE STUDY: The alternative to taking part in this study is What are the reasonable options, or that the only alternative is not to participate

RIGHT TO PARTICIPATE OR WITHDRAW: You are free to stop taking part in this research study at any time without penalty and without losing any benefits to which you are entitled. If you
decide to stop taking part in this research study for any reason, you should contact PI's name at PI's phone number. If you have any questions regarding your rights as a research participant, you may call the JU Institutional Review Board at (904) 256-7151.

CONFIDENTIALITY: Only the researchers and certain Jacksonville University officials have the legal right to review research records, and they will protect the secrecy (confidentiality) of these records as much as the law allows. Otherwise, your research records will not be released without your permission unless required by law or a court order.

CONFLICT OF INTEREST: In general, presenting research results helps the career of a scientist. The researchers may benefit if the results of this study are presented at scientific meetings or published in scientific journals but your name and/or pictures will not be used. Researchers must disclose financial interest in any of the products or brands possibly mentioned in this study, or declare any conflict of interest.

CONSENT TO PARTICIPATE: You have been informed about this study's purpose, procedures, possible benefits, and risks; and the alternatives to being in the study. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

By signing this form, you voluntarily agree to take part in this study. You are not waiving any of your or your child’s legal rights. You will receive a copy of this form.

Participant’s Name Printed ___________________ Participant’s Signature ___________________ Date ___________

Person Obtaining Consent and Authorization:

Name Printed ___________________ Signature ___________________ Date ___________