**INFORMED CONSENT**

**PARTICIPANTS 18 YEARS OF AGE AND OLDER**

This *sample* cover letter may be used as a general guide to fulfill the requirements of informed consent. Items in bold typeface or underlined must be written to describe specific elements of the research study. Please remove this paragraph and the grayed highlights for your final letter.

Dear      ,

My name is \_\_\_\_\_ and I am a student/faculty member at Missouri Baptist University. I am conducting a research study entitled insert title of research project. The purpose of the research study is to specifically describe the nature and purpose of the research study.

Your participation will involve describe what is expected of the subject and the expected duration of the subject’s participation. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, you can do so without penalty or loss of benefit to yourself. The results of the research study may be published but your identity will remain confidential and your name will not be disclosed to any outside party.

In this research, there are no foreseeable risks to you except describe any risks foreseen or indicate “none.”

Although there may be no direct benefit to you, a possible benefit of your participation is describe possible benefits to subject or society as a whole.

If you have any questions concerning the research study, please contact me at insert phone number and email address, or my committee chair, Dr. name, who can be reached at phone/email. The Missouri Baptist University IRB Committee Chair can be contacted at 314-434-1115 or by mail at One College Park Drive, St. Louis, MO 63141.

As a participant in this study, you should understand the following:

1. You may decline to participate or withdraw from participation at any time without consequences.
2. Your identity will be kept confidential.
3. \_\_\_\_\_\_\_\_\_\_, the researcher, has thoroughly explained the parameters of the research study and all of your questions and concerns have been addressed.
4. If interviews are conducted and recorded, you must grant permission for the researcher, \_\_\_\_\_\_\_\_\_\_\_\_\_, to digitally record the interview. You understand that the information from the recorded interviews may be transcribed. The researcher will structure a coding process to assure that anonymity of your name is protected.
5. Data will be stored in a secure and locked area. The data will be held for a period of three years, and then destroyed.
6. The research results will be used for publication.

“By signing this form you acknowledge that you understand the nature of the study, the potential risks to you as a participant, and the means by which your identity will be kept confidential. Your signature on this form also indicates that you are 18 years old or older and that you give your permission to voluntarily serve as a participant in the study described.”

Signature of the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_