Informed Consent/AssENT

Participants under the age of 18 years of age

This *sample* cover letter may be used as a general guide to fulfill the requirements of informed consent. Adjust the verbiage used for the age of the participant. 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.

**Study Title:**

**Researcher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:**

**Telephone Number:**

**Research Supervisor:**

**Email Address:**

You are invited to be part of a research study. The researcher is a doctoral learner/faculty member at Missouri Baptist University. The information in this form is provided to help you decide if you want to participate. The form describes what you will have to do during the study and the risks and benefits of the study.

If you have any questions about or do not understand something in this form, you should ask the researcher. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

**WHAT IS THIS STUDY ABOUT?**

Briefly describe the study and how the participants will be involved in the study…………..

**Why am i being asked to be in the study?**

Describe participant characteristics………….

All participants will be between xx and xx years old.

If you do not meet the description above, you are not able to be in the study.

**How many People WILL BE IN THIS STUDY?**

About xxx participants will be in this study.

**WILL IT COST ANYTHING TO BE IN THIS STUDY?**

Your parent/guardian does not have to pay to be in the study.

**WILL BEING IN THIS STUDY HELP ME?**

Briefly describe the benefits of the study to the participants……..

**ARE THERE RISKS TO ME IF I AM IN THIS STUDY?**

Briefly describe the risks of the study to the participants……..

**WILL I GET PAID?**

You will not receive anything for being in the study.

**DO I HAVE TO BE IN THIS STUDY?**

Your participation in this study is voluntary. You can decide not to be in the study and you can change your mind about being in the study at any time. There will be no penalty to you. If you do not want to be in the study, please inform the researcher.

Your parent(s)/guardian(s) will also need to indicate (Parent Permission Form) that you may participate in this study.

**WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?**

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. In any written reports or publications, no one will be able to identify you.

The researcher will keep the information you provide in secure and safe location that is accessible to only the researcher.

**WHO CAN I TALK TO ABOUT THIS STUDY?**

You can ask questions about the study at any time. You can call the researcher at any time if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions.

You may contact the Research Supervisor named above at the email address provided

OR

The Missouri Baptist Institutional Review Board (IRB) has been established to protect the rights and welfare of human research participants.  Please contact us at 314-434-1115, extension 8438 for any of the following reasons:

* You have questions about your rights as a research participant.
* You wish to discuss problems or concerns.
* You do not feel comfortable talking with the researcher.

**DO YOU WANT TO BE IN THIS STUDY?**

I have read this form, and I have been able to ask questions about this study. The researcher has talked with me about this study. The researcher has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.

By signing this form, I have not given up any of my legal rights as a research participant. I will get a signed copy of this consent form for my records.

Printed Name of Participant

Signature of Participant Date

Printed Name of Parent

Signature of Parent Date

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

Printed Name of Researcher

Signature of Researcher Date