**RESEARCH SUBJECT CONSENT FORM**

**Title:** StudyTitle

**Protocol No.:** Temple protocol number

**Investigator:** Name

TempleAddress

 City, State, Zip Code

 Country

**Email:** Investigator’s email address

**Daytime Phone Number:** Phone Number

**RESEARCH CONSENT**

This is an invitation to take part in a research study. We want you to have the key information upfront to decide if participating is right for you.

**Why are we doing this research?**

Explain the overall goal and purpose of the study. For example: "We're studying how exercise affects quality of life in older adults."

## How long will the research take?

You can expect to be involved for roughly \_\_\_\_ (hours/days/weeks/months/years). Remember, you can always stop being in this research at any time.

**What will happen if you join this research?**

If you choose to join this research study, you will be asked to complete (Choose the applicable data collection method) an interview, focus group, and survey.

If the study includes multiple sessions of interviews, focus groups, or surveys, describe the number and duration (e.g., five interviews over about 6 months, and each interview will take between 20 and 40 minutes).

If the study will record interviews or focus groups: The interviews will be audio-recorded (or video-recorded) and transcribed via Temple Zoom (applicable app or software).

**Are there any risks?**

You won’t face any physical risks in this research, but you might feel a bit embarrassed or uncomfortable at times. You don’t have to answer any questions that make you uncomfortable. (Include a statement if resources or counseling is available, or certain issues might have mandatory reporting requirements.)

We can't promise that everyone in the focus group will keep things private, but we are asking you and all other participants not to share anything said in the group with anyone outside the session. (Only applicable for focus group study)

**Are there any benefits?**

Explain the potential benefits for subjects or others. For example: "You may see a small improvement in your quality of life as a result of exercising more" or “There will be no direct benefit from joining this research. However, you will contribute to understanding better XXX”

**Who will see the information that you give?**

It is important to know that by agreeing to join this research, your identifiable information may be shared with people who are running or overseeing the research, including (only include bullets if they are applicable to this research):

* The sponsor funding the research (only if applicable)
* People working with the sponsor (only if applicable)
* The Office for Human Research Protections (OHRP) (applicable if federally funded)
* The Institutional Review Board (IRB) that approved the research
* Individuals from Temple University and Temple University Health System and its affiliates who oversee research
* (List any specific institutions or organizations, like universities or hospitals)

We will make every effort to safeguard your data, but as with anything online, we can’t promise complete secrecy. Third-party applications (e.g., MTruk, Prolific, or Qualtrics) will be used for this study.

If any information can identify participants, explain how it will be stored and who can access it. Also, describe how to keep the data safe. If there will be audio and/or video recordings, explain why they are needed and how long they will be stored. If the transcript will be obtained using software or a third-party service, clarify it and if applicable, list third-party privacy policies.

We may publish the results of this research, but we will not include your name or any other information that could identify you.

We may use or share de-identified data (i.e., data that does not contain your identifiers) from this for future research studies. Also, we may share de-identified data with other researchers for future research without asking for your separate consent.

**Who can answer your questions about this research?**

If you have any questions, concerns, or complaints about the research, you can contact the research team at the phone number or email listed on the first page.

This research is overseen by an IRB, an independent committee that reviews research studies. You can contact the IRB at (215) 707-3390 or irb@temple.edu if:

* You have questions, concerns, or complaints that are not being answered by the research team.
* You are not getting answers from the research team.
* You cannot reach the research team.
* You want to talk to someone else about the research.
* You have questions about your rights as a research subject.

**Will you be paid?**

Explain any payment and its form (e.g., gift card, cash, etc.). If none, this section can be omitted. Also, say when the payment will be received.

We might ask for your social security number, full name, address, or other identifying information to pay you for being part of this research. Temple University is required to report payments of more than $599.00 to the Internal Revenue Service, even if the payments come from participating in multiple studies at Temple. You will get a tax form called a 1099-MISC if you earn a total of more than $599 from Temple University for the year.