***Institutional Review Board***

**PRE-APPROVED LANGUAGE LIBRARY**

**AND ADDITIONAL CONSENT REQUESTS**

**FOR INFORMED CONSENT FORMS**

The Pre-Approved statements included in this form come from previously approved TU IRB protocol language and include various types of scenarios that have been reviewed/approved as exempt, expedited and full Board protocols. This form is a resource that you may use to assist you in completing your consent forms. These statements are not the only language options that you can use to explain your protocol but are good examples of what kinds of specific information that the IRB is looking for.

**HOW TO USE: Pre-Approved Statements for use on Informed Consent Forms**

1. Simply copy and paste any applicable statement(s) to your Informed Consent Form(s).
2. Language in the bracketed areas can be modified to fit your study. Language not bracketed may be *slightly* modified.
3. If you chose to use the specific language in the brackets [ ], simply delete the brackets after pasting the language over to your Informed Consent Form(s).
4. You may use one *or* a combination of several pre-approved statements in any given section, as needed to explain your study.
5. There are no Pre-Approved statements for the Description of Study section. In this section you will briefly explain what your study is about in lay terms and then explain what subjects can expect or what you are asking of them, if they decide to participate in your study.

**HOW TO USE: Additional Consent Requests for use on Informed Consent Forms**

1. Simply copy and paste over any applicable additional consent request(s) that apply to your study that you want to add to your Informed Consent Form(s). Modify the language to your study as needed.
2. These additional consents are optional, depending on your study. Also explain if the additional consent request is option or is it one of the terms of participation.

**PRE-APRROVED LANGUAGE LIBRARY**

**INTRODUCTION Section - Pre-Approved Language Options**

**Special - Mary K Chapman Center Statement:**

1. The Department of Communication Disorders at the University of Tulsa supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to [your loved one] or the University of Tulsa.

**POTENTIAL RISKS Section - Pre-Approved Language Options**

**Risks Section - No/Minimal Risk:**

1. There are no foreseeable risks associated with participating in this study, beyond those present in routine daily life.

**Risks Section - Minimal Physical Risks**:

1. There is minimal risk associated with the procedures in this study. [Skin preparation prior to the attachment of the sensors may cause slight discomfort, but it should not last long. Some persons may experience skin redness that can last a few days from the skin preparation, but the redness is temporary and harmless. The electrical stimulations, pressure stimuli, heat stimuli, cold stimuli, and the blood pressure cuff are likely to elicit temporary increases in your heart rate and blood pressure, as well as cause temporary sensations of pain.]

**Risks Section - Psychological Discomfort**:

1. There may be some psychological discomfort dependent upon the feelings some of the questions may elicit.

**Risks Section - Identifiable Video/Photographs:**

1. Since this research may utilize [audio recordings and video recordings/photos], you are at risk of being identified by audience members if this research is presented at [local, state, national, or international level conferences.] A pseudonym will be used instead of your name, however, given the use of your likeness, it cannot be stated that your identity will remain anonymous.

**Risks Section - Information asked about Illegal Activities:**

1. Some of the [interview questions] may be sensitive in nature and ask about illegal or potentially illegal activities. Minimal embarrassment or discomfort may occur as a result of questions related to personal experiences. However, all responses to the questions will be kept confidential. In addition, you can skip any question or withdraw from participation at any time.

**Risks Section - Distress:**

1. There are no known physical risks associated with this study. However, it is possible that you may find it unpleasant or upsetting to complete surveys about stressful events. [Previous research has been conducted with these measures and they have not been shown to have adverse effects.]If you are in distress, specifically you might self-harm, we want to urge you to talk to a counselor. At the end of the survey, we will provide some resources including some counseling resources. If you think you are in distress, please use these. Because this is an anonymous research study and not a clinical assessment, we will not be following up with any intervention on an individual basis.
2. You will also fill out several questionnaires about yourself. Although the risk is minimal, it is possible that you might experience some distress from [completing these questionnaires]. [Additionally, some of the pictures may be unpleasant to look at. If at any time you become upset by any of the procedures, Drs. Jamie Rhudy or Joanna Shadlow will be contacted, or you may contact them at 918-631-2839. All data collected during the study will be kept confidential, with access granted only to those conducting the study.]

**Risks Section - Potentially Identifiable at TU:**

**Risks Section - By Demographic Questionnaire:**

1. A risk to participating is that due to the small size of TU’s student body, you may potentially be identifiable by your demographic questionnaire. To address this, all data will be kept [on an access restricted drive, and you may choose to decline answering the demographics questionnaire.]

**Risks Section - Known by Research Team:**

1. There is a risk that a person known to some participants may work for this research team and may learn of their participation or particular responses when working with the data. The research personnel are committed to maintaining confidentiality.

**Risks Section - Sensitive Questions but Risks Minimized:**

1. There are a few sensitive questions associated with this study; [however, measures have been put in place to secure confidentiality and minimize risks associated with participation, as no more than beyond those present in routine daily life.]
2. This survey is hosted by a 3rd party survey site [www.qualtrics.com](http://www.qualtrics.com). [Qualtrics.com will not store any login information about participants nor disclose information to investigators. When the investigators retrieve your unidentifiable data, there will be no way to link your responses back to you, making this survey anonymous.]
3. [The physical, social, economic, and legal risks are minimal in this project. It is possible that you may experience temporary discomfort, such as sadness, anger, or frustration, while completing the measures as a result of recalling previous stressful events in your life. You may refuse to answer specific questions in the protocol without penalty. If you become uncomfortable during the assessment procedure, you may also stop at any time.]

**ANTICIPATED BENEFITS Section - Pre-Approved Language Options**

**Benefits Section - No Direct Benefits:**

1. There are no direct benefits to participating in this study.

**Benefits Section - No Direct Benefits but Indirect Benefits:**

1. There are no direct benefits with participating in this study, [however participants may experience satisfaction for contributing their knowledge and personal experiences to help advance science.]
2. There are no direct benefits to you by participating in this study. You may indirectly benefit from learning about psychological research from participating in this study. We also hope to utilize the results of the study to inform programming to prevent violence and lessen its impact.

**Benefits Section - Can’t Guarantee Direct Benefits:**

1. We cannot promise direct individual benefits from participating, [but we hope you will benefit from how we use this information. Specifically, this study may help lead to the availability of more resources for student athletes. In addition, information gathered will be used to tailor educational opportunities aimed at improving your athletic and academic performance.]

**CONDITIONS OF PARTICIPATION Section - Pre-Approved Language Options**

**“Participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Furthermore, you may discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled.”**

The language above in “…” is required language that is already included in this section and must remain. Please DO NOT alter this language, ***however*** you can add selection criteria specific to your study before the required language. **BELOW ARE ADDITIONAL STATEMENTS /SELECTION CRITERIA YOU MAY ADD:**

**Conditions of Participation Section -** **No Minors in the Study:**

1. You MUST be at least 18 years of age to participate in this study.

**Conditions of Participation Section - No Minors and other conditions:**

1. To participate, you must be 18 years of age or older and [currently working full-time. You must also own a cell phone.]
2. To participate, you must meet the following criteria: [(1) be 18 years of age or older, (2) currently working full-time with a traditional schedule (Monday to Friday, 8 hours a day), (3) currently a resident of the U.S., (4) typically consume 1 or more alcoholic drinks per week, (5) you must have a mobile device that is able to receive text messages and has internet capabilities, (6) you must also be able and willing to respond to the survey both at work and at home.]
3. You must be 18 years of age or older and [in good physical health.]

Participants must be 18 years of age or older, [be able to see clearly with or without the aid of glasses or contacts and not use a medical device (e.g. pacemaker, hearing aid, etc.).

**CONFIDENTIALITY Section - Pre-Approved Language Options**

**Confidentiality Section - “Confidential”:**

1. Any information that is obtained in connection with this study will remain entirely confidential. Your survey data will be kept in [a secure file in the Psychology Department at the University of Tulsa], and will be accessible only to [researchers directly involved with the study.] Findings will be presented only in aggregate form (e.g., averages across all participants) with no identifying information so as to ensure confidentiality. Data will be securely stored until [December 2013 and will be held no longer than July 2014.]
2. Your name will not be connected or coded in any way with the information collected about you or with the research findings from this study. The researcher(s) will use a [study number or pseudonym] instead of the name within the research database. The researcher(s) will not share information about you unless required by law or unless you give written permission. All documentation related to this study will be kept in a locked drawer, or password protected computer file, accessible only to the primary investigator or students at the University of Tulsa working on this study who have completed the appropriate training.

**Confidentiality Section - Grouped Results:**

1. Results in any reports, presentations, or publications will be reported as a group only. Your name will not on any reports or papers.
2. Anything we learn from this study will be published in aggregate form.  This means that we will look at the responses of all participants together.  We will never publish results about only one person.

Findings will be presented in aggregate form with no identifying information to ensure confidentiality.

**Confidentiality Section - Group/Institutional Protections:**

1. Along with protecting individual participants’ identities, institutional names such as [individual school districts and schools] will not be used in the findings.

**Confidentiality Section - Cannot Completely Guarantee Security:**

1. The security and confidentiality of information collected from your online [survey] cannot be guaranteed. Confidentiality will be kept to the extent permitted by the technology being used. Information collected online can be intercepted, corrupted, lost, destroyed, arrive late or incomplete or contain viruses.

**Confidentiality Section - Email Address Needed as Link**:

1. All de-identified data will be stored in [protected server directories in the TU system and on the investigator’s password protected computers]. The email address you provided prior to consent will [also be stored in protected server directories in the TU system] and will be secured separately from your de-identifiable data. Your email address will be discarded [once both surveys have been completed and you have been compensated, or if participation is discontinued].

**Confidentiality Section - Self-Generated ID Number:**

1. Your IP address and email address will not be recorded. Data will be de-identified when it is downloaded by the researchers from the Qualtrics server. You will be asked to create an 8 digit ID number using [2 digits from your birth date, 2 digits from your birth month, and the last 4 digits of your social security number]. This self-generated ID number will only be used to [match your data from Time 1 to Time 2.]

**Confidentiality Section - Focus Groups:**

1. We will ask members of the focus group to maintain the confidentiality of comments made during the discussion. However, there is still a risk that comments you make during the discussion may be shared outside of the group.

**Confidentiality Section - Link Created for Research Credit:**

1. Participants’ names will *only* be used to create a master list of students to track their research credit. This master list will be kept separate from data and will be stored in [password protected server directories in the TU system and on the investigator’s password protected computers] and only accessible to [the researchers on this study]. Once research credit is distributed, the master list will be destroyed approximately [\_\_\_\_\_\_\_\_\_\_\_].

**CONFIDENTIALITY SECTION – INTERNET RESEARCH:**

**\*NEW - All internet research studies MUST add a disclaimer statement in the ‘confidentiality sections’ of both the IRB Application Form and the Informed Consent Form(s) regarding that the internet site or servicer has privacy policies of their own and that if participants have questions or concerns that they should contact them directly. They must also include that link to the privacy policy.**

**Confidentiality Section – Internet Disclaimer Statement Examples (MTurk):**

1. *\*Please note that MTurk has specific privacy policies of their own. If you have concerns, you should consult them directly at* [*https://www.mturk.com/mturk/privacynotice*](https://www.mturk.com/mturk/privacynotice)

**Confidentiality Section – Internet Disclaimer Statement Examples (Survey Monkey):**

1. *\*Please note that SurveyMonkey.com has specific privacy policies of their own. If you have concerns, you should consult them directly at* [*https://www.surveymonkey.com/mp/policy/privacy-policy-20110627/*](https://www.surveymonkey.com/mp/policy/privacy-policy-20110627/)

**Confidentiality Section – Internet Disclaimer Statement Examples (Qualtrics.com):**

1. *\*Please note that Qualtrics.com may have specific privacy policies of their own. If you have any questions or concerns, you should consult Qualtrics.com directly at* [*http://www.qualtrics.com/privacy-statement/*](http://www.qualtrics.com/privacy-statement/) *.*

**Confidentiality Section – Internet Disclaimer Statement Examples (Qualtrics worker panels):**

1. *\*Please note that Qualtrics.com may have specific terms and conditions for their worker panels. If you have any questions or concerns, you should consult Qualtrics.com directly at* [*http://www.qualtrics.com/privacy-statement/*](http://www.qualtrics.com/privacy-statement/) *.*

**Confidentiality Section – Internet Disclaimer Statement Examples (Dropbox.com):**

1. *\*Please note that Dropbox may have specific privacy policies of their own. If you have any questions or concerns, you should consult Dropbox.com directly at* [*https://www.dropbox.com/terms#privacy*](https://www.dropbox.com/terms#privacy) *.*

**Confidentiality Section - General Security Features and “Anonymous”** :

1. The survey will be hosted on[Qualtrics.com.] The survey [software (Qualtrics)] provides you with a unique link and participant ID number that removes any identifiable information from the data collection process.  [Qualtrics] provides advanced security and confidentiality for results through password protection, secure connections, and firewalls.  [Qualtrics] does not track or record your IP address or email address, making your responses unidentifiable and therefore anonymous.
2. No personally identifiable information will be gathered in the survey. The survey will be hosted on Qualtrics.com. The survey software (Qualtrics) provides you with a unique link and participant ID number that removes any information associated with your email address from the data collection process. Qualtrics provides advanced security and confidentiality for results through password protection, secure connections, and firewalls. The data collection will not track or record IP addresses in any form, making your responses unidentifiable and therefore anonymous. The de-identified results will be [captured into a spreadsheet for analysis and secured on a password-protected computer in the project director’s office.]

**Confidentiality Section –Self-Generated ID number for Link**:

1. Your IP address will not be recorded. Data will be de-identified when it is downloaded by the researchers from [the Qualtrics server]. You will be asked to create an 8 digit ID number using [2 digits from your birth month, 2 digits from your date of birth, and the last 4 digits of your social security number]. This self-generated ID number will only be used to [match your data from Time 1 to Time 2]. All de-identified data will be stored in [protected server directories in the TU system and on the investigator’s password protected computers.] [The email address you provided prior to consent will also be stored in protected server directories in the TU system and will be secured separately from your de-identifiable data. Your email address will be discarded once both surveys have been completed and you have been compensated, or if participation is discontinued.]

**Confidentiality Section - Audio Recorded Interviews:**

1. The interviews will be audio recorded. In order to protect confidentiality, you will be identified by a subject number. The tapes will be erased after transcription. Names and all other identifying information will be changed in all interview transcripts. The list of participants related to subject number will be kept in a locked file in [the secured storage space in the TITAN office].

**Confidentiality Section - Audio/Video Recordings/Photos:**

1. Although your name will not be associated in any way with the information collected about you or with the research findings from this study, [audio/video recordings/photos] will contain your likeness and may be identifiable to others. All research data collected with identifiable information, including [audio recordings/ video recordings/photos] with your consent and will be destroyed approximately [\_\_\_\_\_\_]. The researcher(s) will use a study number or pseudonym instead of your name.

**Confidentiality Section - Confidentiality-Checks or Gift Cards over $25 (required statement):**

1. The TU Controller’s Office requires identifying information to track payment via cash or gift certificates over $25 to payees. You will be asked to provide your Name, Address and Social Security Number to receive compensation. This information will be provided to the Controller’s Office at the time of payment or at the end of the year with the link between the particular project and the participant removed.

**Confidentiality Section - Mailing Data Directly to the Researcher(s):**

1. In order to maintain confidentiality, no identifying information will be requested and assessment materials will be mailed back to the researchers directly.

**Confidentiality Section – Mandated Reporting:**

1. Your participation in the study is confidential. However, researchers at the University of Tulsa are mandated reporters. That means that in the event that you indicate harm to yourself or others, we may break confidentiality to report this to authorities in order to ensure you or and others is safe.
2. Some questions may be sensitive in nature, such as questions about risk taking, self-harm, and illegal or potentially illegal activities. You may decline to continue to participate in the study at any time. In order to maintain the confidential nature of your responses, each member of the research team has completed training pertaining to research rights and safety of human participants. The purpose of this study is to advance scientific knowledge, not provide clinical services. However, in the event the need for clinical services becomes apparent, a handout with local mental health resources will be available. If you need immediate mental health assistance, an appropriate emergency response team will be contacted.
3. The research personnel are committed to maintaining confidentiality. If you endorse sensitive questions like sexual behaviors or illegal activities, the research personnel will not release any information to TU officials, law enforcement personnel, or any other entity without a subpoena or court order to do so. In the judicial system in the United States, courts have strong subpoena powers, and we cannot guarantee that some future court would not seek and obtain information from this study. Each member of the research team will (if they have not already) complete the required human subject training pertaining to research rights and safety of human participants. It is possible that individual case information will be used for future training purposes and/or illustration in research articles

**COMPENSATION FOR INJURY Optional Section - Pre-Approved Language**

**\*[This section can be deleted if not applicable to your study]**

**Compensation for Injury Section - No Compensation:**

1. This research involves minimal risk. However, in the unlikely event of physical injury resulting from the research procedures described to me, there will be no financial compensation or free medical treatment offered.

**INCENTIVES/PAYMENTS Section - Pre-Approved Language Options**

**\*[This section can be deleted if not applicable to your study]**

**Incentives/Payments Section - Payment/Incentive Not Guaranteed:**

1. A completed survey does not guarantee payment. [There have been items embedded in the survey to determine whether or not you paid attention to the responses.] Once surveys have been validated, you will receive [an email with your \_\_\_\_\_\_\_\_ gift card].
2. If you submit a completed survey in its entirety, you will [be entered into a raffle to win a $20 dollar gift card].
3. Compensation for your time will be [an $8 Amazon gift card for completing both surveys (Time 1 and Time 2)]. Please note, that only meaningful responses will be considered a completed survey. Meaningful responses will be determined by whether or not you paid attention to your responses. There have been measures embedded into the survey to determine if you are paying attention to your responses. You will receive [the gift card approximately 2-3 weeks after your participation via email].
4. If you submit a completed survey in its entirety, you will: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

**Incentives/Payments Section - Raffle/Drawing:**

1. If you submit a completed survey in its entirety, you will be entered into a raffle to win a $20 dollar gift card. This raffle will be held approximately [\_\_\_\_\_\_\_\_\_\_]. The estimated odds of winning the raffle are [\_\_\_\_\_\_\_\_ (your best guess by dividing the amount of prizes with the estimated number of participants you will be able to recruit)]

**Incentives/Payments Section - Small Gift plus Raffle Using Completion Page:**

1. Every participant who submits a completed survey, will be given [a small gift, a Snoozmark, (http://www.snoozmark.com) as a thank-you for their participation (approximate retail value $6.95 each).] In addition, they will be entered into a drawing for a [basketball signed by the men’s basketball team and coaches.] If all TU undergraduate students participate, the odds of winning are approximately 1/2500. At the end of the survey there will be a new page presented noting completion of the survey and thanking respondents. This page will not contain any identifiable personal information. This page will inform participants that if they wish to enter the drawing, participants must capture the completion page and [email it to the project director at charles-wood@utulsa.edu or print it and deliver to Helmerich Hall 301 with their name clearly printed on it.] The winner will be randomly drawn from this set of respondents; [1 week after the survey is closed.]

**Incentives/Payments Section - Check Payment:**

1. Upon completion of [the tasks and follow up questions], you will need to provide the researcher with the necessary information for the processing of a check for [$90]. PLEASE NOTE: The TU Controller’s Office requires identifying information to issue checks of any dollar amount or to track payment via cash or gift certificates over $25 to payees. You will be asked to provide your: Name, Address and Social Security Number to receive your compensation. This information will be provided to the Controller’s Office at the time of payment (payment/compensation is made via a check) or at the end of the year with the link between the particular project and the participant removed). Please allow two weeks for the processing of your check.

**Incentives/Payments Section - SONA Research Credit Optional Statements:**

**Incentives/Payments Section - Partial credit for early withdrawal:**

1. You will receive [one (1) hour] of research credit for participating in this study. If you decide to end the study prematurely, you may receive partial credit for what you have completed. For example, [if you decide to quit before 15 minutes, you will receive no credit; if you contribute between 15 to 45 minutes of time, you will receive half of one-research credit (i.e. 30 minutes); if you quit after 45 minutes, you will receive 1 hour of credit].

**Incentives/Payments Section - Initial session and follow-up sessions:**

1. Upon completing the initial testing session, students will receive research participation credit towards their undergraduate course requirement. You will receive [2 to 3 credit hours to reflect the 2 to 3 hours of time to complete the initial testing session]. Furthermore, because the study requires ongoing involvement for two months, individuals who complete the entire project, [all eight subsequent online sessions, will receive a choice of either a gift-card worth $20.00 or 3 additional points of research participation credit].

**Incentives/Payments Section - Mary K Chapman Center-** **Therapeutic Intervention at No Fee:**

1. The participant will not receive any form of paid compensation, however [he will be receiving his therapeutic intervention at no fee as an incentive for his participation]. However, if the participant choses to discontinue to participation in this research study he will no longer be eligible to receive his services from the Mary K. Chapman Center at no charge. He will still be eligible to become a patient of the Mary K. Chapman Center for Communicative Disorders, but under the same conditions as if he had not participated in this research study.
2. You will not receive any type of payment for participation in this study. However, [your loved one] will receive [a complimentary AAC communication assessment, valued at $125 upon your initial date of participation. In addition, you may bring your loved one for a complimentary consultation about his or her AAC system from either Sandra Wright or Ronda Marfechuk who are both American Speech-Language-Hearing Association certified speech-language pathologists, licensed in the state of Oklahoma at no charge at 6-months and 1-year from your initial date of participation at a mutually agreed upon time.]

**PARTICIPANT ASSURANCE Section - Pre-Approved Language Options**

**Self-Generated ID Number Instead of Signature:**

*Entering my self-generated ID number (created by using 2 digits from my birth month, 2 digits from my date of birth, and the last four digits of my social security number)below implies my consent to participate in the above-described research. I understand my participation is voluntary and that I may withdraw at any time without penalty or loss of benefits.*

*If you agree to participate:*

**ADDITIONAL TYPES OF CONSENT REQUESTS TO ADD TO THE CONSENT FORM(S)**

**-WHEN APPLICABLE**

**PARTICIPANT NAMES LINKED TO FINDINGS:**

Participants’ names will be linked with their responses unless the participant specifically wishes to remain anonymous. Please select one of the following options.

**[ ]** I prefer to leave my identity unacknowledged when documenting findings; please *do*

*not* release my name when citing the findings.

**[ ]** I consent to the use of my name when recording findings and that I may be quoted

directly.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**Mary K. Chapman Center for Communicative Disorders:**

**USE OF COMMUNICATION ASSESSMENT REPORT:** Because the Mary K. Chapman Center for Communicative Disorders follows HIPAA practices, we want to ensure that you understand that utilizing information from your communication assessment includes review of some protected health information (PHI) covered by HIPAA policy. Therefore, please select one of the following options.

[ ] I consent to the use of the data contained within my communication assessment report.

[ ] I *do not* consent to the use of the data contained within my communication assessment report.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**AUDIO RECORDING OF STUDY ACTIVITIES**: To assist with accurate recording of participant responses, interviews may be recorded on an audio recording device. Participants have the right to refuse to allow such recording without penalty. Please select one of the following options.

[ ] I consent to the use of audio recording.

[ ] I do not consent to the use of audio recording.

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|  |  |  |
| Signature |  | Date |

**VIDEO RECORDING OF STUDY ACTIVITIES**: To assist with accurate recording of participant responses, interviews may be recorded on a video recording device. Participants have the right to refuse to allow such recording without penalty. Please select one of the following options.

[ ] I consent to the use of video recording.

[ ] I do not consent to the use of video recording.

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|  |  |  |
| Signature |  | Date |

**CONSENT TO BE PHOTOGRAPHED, VIDEO AND/OR AUDIO RECORDING OF STUDY ACTIVITIES FOR PUBLIC USE:**

With your permission, you will have the following done during this research (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | photographed | video recorded | audio recorded |

The researchers would like to ask your permission to use your photograph, audio/video recordings if the findings were ever publically presented. If you consent to the public use of your likeness, you are at risk of being identified by audience members if this research is presented at local, state, national, or international level conferences. Participants have the right to refuse to allow such recordings/photographs without penalty. Please select one of the following options.

[ ] I consent to the use of photographs, video and/or audio recording for public use.

[ ] I *do not* consent to the use of photographs, video and/or recording for public use.

|  |  |  |
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|  |  |  |
| Signature |  | Date |

**CONSENT TO BE PHOTOGRAPHED, VIDEO AND AUDIO RECORDING OF STUDY ACTIVITIES FOR RESEARCH PURPOSES:**

With your permission, you will have the following done during this research (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | photographed | video recorded | audio recorded |

To assist with accurate recording of participant responses, assessments and follow-up appointments may be photographed, recorded on a video or audio recording device. Participants have the right to refuse to allow such recording/photographs without penalty. Please select one of the following options.

[ ] I consent to the use of photographs, video and/or audio recording for research purposes.

[ ] I *do not* consent to the use of photographs, video and/or recording for research purposes.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**CONSENT TO THE USE AND STORAGE OF YOUR BIOLOGICAL MATERIALS:**

I understand that during this study, biological material will be collected from [my saliva]. This DNA material will be used to [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]. Participants have the right to refuse to allow the storage of your biological material without penalty. Please select one of the following options.

[ ] I consent to have my biological materials used for DNA testing in the present study.

[ ] I *do not* consent to have my biological materials used for DNA testing in the present study.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

\*If you have said that we may store and use your biological materials for this study, you may later change your mind. If you change your mind, contact *[Insert PI name and contact information]* and then your biological materials that have not been used in research will not be used.

**CONSENT TO THE STORAGE OF YOUR BIOLOGICAL MATERIALS FOR FUTURE STUDIES:**

I understand that my DNA will be used for future analyses that may involve genetic tests, provided that my biological materials have been coded to protect my identity.

Participants have the right to refuse to allow the storage of your biological material for future studies without penalty. Please select one of the following options.

[ ] I consent to the storage of my biological materials for future studies.

[ ] I *do not* consent to the storage of my biological materials for future studies.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

*\**If you have said that we may store and use your biological materials for future studies that may involve genetic tests, you may later change your mind. If you change your mind, contact *[Insert PI name and contact information]* and then your biological materials that have not been used in research will not be used.