|  |
| --- |
| **University of Oregon**  |
| **[Department name or name of lab]** |
| **Consent to Take Part in Research****[Type of consent: e.g., Participant Consent Group 1]** |
| [title of research] e.g.,“Students’ Opinions about War” |
| Name of Researcher: [PI name] |
| Co-Researchers[CO-PI name(s)] |
|  UO IRB Protocol Number: [00000000.000] |
|  |
| **Introduction** |
| * You are being asked to take part in research study that examines college students’ opinions on war
* This study is part of my coursework for my Master’s thesis at the University of Oregon (UO)
 |
| **Why have I been asked to take part in the study?** |
| * Because you are a student at least 18 years of age and you are enrolled in college
* Because you might have an interest in sharing your thoughts and feelings about war.
 |
| **What do I do first?*** Before agreeing, please read this form.
* Please ask any questions that you may have.
 |
| **What is the Study about?*** What people think about war in general
 |
| **Who will take part in the Study?*** About 50 college students at U of O
 |
| **If I agree to take part, what will I be asked to do?*** Answer 10 questions for about 30-45 minutes.
* If you do not wish to answer a question, you can choose to skip it.
* Allow us to record the interview.
* If you do not wish to have your answers recorded, please tell us. We will not record them.
 |
| **What are the risks of being in the study?*** There are no expected risks.
 |
| **What are the benefits of being in the study?** |
| * There are no expected benefits.
 |
| **How will things I say be kept private?** |
| * The records of this study will be kept private.
* In any type of report we may write, we will not include your name or anyone else’s.
* Research records (including tape recordings) will be kept in a locked file.
* Research records will be destroyed within 3 years.
* Access to the research records will be limited to the researchers.
* However, sometimes, sponsors, funders, regulators, and the University staff who review research may have to look the research records.
 |
| **What if I choose to not take part or leave the study?** |
| * We ask that you follow the directions the best you can.
* If you are unable to do so, or the sponsor cancels the study, you may be asked to leave.
 |
| **Who can I contact if I have any questions?** |
| * You can call [put in name(s) of researchers, including the PI] who is the researcher in charge of this study. Their number is\_\_\_\_\_\_\_\_\_\_ [telephone number or other way to contact person].
* If you believe you may have suffered injury or harm from this research, call [put in name, usually researcher] at [telephone number]. He/she will tell you what to do next.
* If you have any questions about your rights as a person taking part in the study, you may call: Research Compliance Services at 541-345-2510 or email ResearchCompliance@uoregon.edu.
 |
| **Statement of Consent:** |
| * I have read (or have had read to me) the contents of this consent form.
* I have been encouraged to ask questions.
* I have received answers to my questions.
* I give my consent to take part in this study.
* I have received (or will receive) a copy of this form

**Signature** |
| **Study Participant (Print Name):** |
|  |  |
| **Participant Sign Here**  |  **Date of Signature** |