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| **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] | |
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| **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** |