John Carroll UNIVERSITY | INSTITUTIONAL REVIEW BOARD

ADULT INFORMED CONSENT TEMPLATE:
The Study Information Page for Minimal-Risk Studies
Revised: January 2022

Q: When should I use THIS template?

A: This template is suggested for most SONA experiments conducted in the psychology department and other minimal risk interactions and interventions. This template is not appropriate for greater than minimal risk studies.

Q: How should I customize or modify this template for my study?

1. Fill the details of your particular study in the spaces presented in *[brackets and italics]* below. Do not leave these sections unchanged in your final document.
2. Include all the relevant information that a person would need in order to make the informed decision whether or not to participate in your study.
3. It should be written in language and at a reading level that will be easily understood by all potential participants. Do not use scientific or technical jargon unless it is clearly defined.

Q: How should I present this document to participants?

A: You must use only the version of this document approved by the IRB. This page may be presented in a survey, on a computer screen, or on paper. The participants must be presented this information and be given the opportunity to ask questions before the experiment continues. A signature is not required.

Please contact the IRB Administrator, Carole Krus (ckrus@jcu.edu, Dolan E305, 216-397-1527) with any questions about the informed consent process in human subject research.

[Insert Title of Study]

Thank you for participating in *[my/our]* research study. In this project, *[I/we am/are]* [*insert hypothesis or purpose of your study].* You will be asked to *[insert experimental procedures, e.g., complete a survey, view some photos, read a vignette, answer a demographic questionnaire, etc.]* The entire experiment will take approximately *[insert time commitment].* During this experiment *[list the possible risks or discomforts, if applicable]*. If at any time you *[describe possible negative reaction or]* do not want to participate anymore, you may choose to leave the experiment.

[If concealment is being used, you may add, "Some information about the study's purpose is being withheld from you to improve data quality. You will be fully debriefed at the end of the survey on the purpose of the study."*]*

Your name will not be collected in this study, and all data and identifiers will be kept confidential. Your data, even with identifiers removed, will not be used or distributed for

future research studies. No identifying information about you will appear in any published results. Participants in this study who are members of the JCU Psych Pool will receive *[number]* research credits. *[If applicable, add* "Other participants will receive no compensation.*"]*

Your participation is voluntary. You may quit the experiment or skip any question at any time without penalty or loss of benefit*. [If your survey has forced responses, delete the phrase,* "or skip any question at any time*".]*

If you have any questions or concerns about this study or any of these procedures, please contact *[name of the researcher(s)]* at this time or contact them later at *[email or phone number(s) of researcher(s)].* If you have questions or concerns about the rights and welfare of research participants, please contact the John Carroll University Institutional Review Board Administrator at irb@jcu.edu or (216) 397-1527.

By continuing with this experiment, you confirm that you have read and understand the information above, you are at least 18 years of age, *[insert other inclusion or exclusion criteria, if applicable]* and you willingly give your consent to participate in this research study.

[If this is presented in a Qualtrics survey, insert a page break here so participants must "click" to enter the survey.]