**INSTRUCTIONS TO RESEARCHERS FOR COMPLETING THE EXEMPT INFORMED CONSENT FORM**

This informed consent template was created by the UCR Office of Research Integrity and with appropriate edits can be used as an official consent document for your exempt study as needed. The best way to make use of this template is to modify the consent template according to your study, and ensure consistency with the details in your IRB application. Errors are commonly made when you simply fill in the blanks and do not read through the completed consent for clarity and consistency.

* Text in red parenthesis instruct how to address each section, and should be deleted after editing the template
* Editorial changes to the standard text (not in red) in each section may be made as long as they do not change information or intent
* Use language appropriate for the participant population
* Please know the determination of Exempt status is up to the IRB. If the review changes from Exempt to Expedited, significantly more details will be required in your consent document.

**Additional Points to Consider**

This form should be used where written consent will be obtained. For studies where consent will be verbal, this must be well detailed in the IRB application. Should any changes to the research study result in the study being ineligible for exemption, a new consent form may be required.

Please continue on to the next page for the consent template. If you have any questions or comments please email the irb@ucr.edu.

***[Do not include this instruction sheet in your finalized consent form. Delete this page and ensure the headings, footers and page numbers are correct in your form.]***

## **UC Riverside**

# RESEARCH INFORMED CONSENT

## Title of research study: [insert title of research study]

|  |  |
| --- | --- |
| Researcher: | [Name, Title][Department][Phone and Email] |

|  |  |
| --- | --- |
| Faculty Advisor:**[*Remove this section if not applicable*]** | [Name, Title][Department][Phone and Email] |

## ***Introduction:***

This is a research study about *[insert brief mention of general subject matter of study]*. The study researchers, *[insert name of investigator, if student include the name of the faculty advisor]* from the UCR Department of *[insert department name]*, will explain this study to you.

Research studies include only those people who choose to participate in the study.

You are being asked to take part in this study because you are/have *[specify prospective participant’s condition, situation, or other reason for recruitment to study, e.g., “You are being asked to take part in this study as a healthy volunteer."]*

## ***What happens if I say yes, I want to be in this research?***

***[List and describe all procedures/tests/activities and their frequency under the categories below, using bulleted format. Indicate the location where procedures will be done. See examples below.]***

[Tell the participant what to expect using lay language and simple terms. Whenever appropriate include the following items:]

* The length, duration and frequency or schedule of visits and procedures
* Who the participant will interact with
* Where and when the research will be done
* If digital recordings are used, whether they are required for participation
* When applicable indicate that the participant will be contacted for future research.

***[Sample procedures:]***

* *You will be given a questionnaire to respond to about your reactions to the videotapes. It should take about 15 minutes to complete this questionnaire.*
* *You will also be given a standard paper-and-pencil personality test. It should take about one hour to complete this test.*

You can skip questions you do not want to answer or stop participating at any time.

***[For anonymous data collection, include the following, otherwise delete.]*** Your responses are anonymous, and no one will be able to link your answers back to you. Please do not include your name or other information that could be used to identify you in your responses.

***[For confidential data collection, include the following, otherwise delete.]*** We will keep your answers confidential and will not share your personal information with anyone outside the research team.

If you decide to discontinue participation altogether, your data will *[please explain the process for keeping or deleting the data and if there are any limitations of data withdrawal (e.g., online data collected anonymously cannot be located for withdrawal)]*.

***Whom can I talk to?***

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at *[Insert contact information for the research team].*

If you have questions about your rights or complaints as a research subject, please contact the IRB Chairperson at (951) 827 - 4802 during business hours, or to contact them by email at irb@ucr.edu.

[Omit the signature block if there is no written documentation of consent. For verbal consent, researchers may revise the consent statement to request that the participant verbally respond. For online studies, researchers may revise the statement to request that the participant click a button or checkbox to indicate consent.]

***CONSENT***

PARTICIPATION IN RESEARCH IS VOLUNTARY. The decision to participate, or not participate, is solely up to you.

If you wish to participate in this study, you should sign below.

Date Participant's Signature for Consent

**[*If digital recordings are used, add the following]:*** As the research study includes digital recordings, please specify below if you wish to be recorded. ***[If the study requires recordings, please state this].***

\_\_\_ Yes, I consent to being *[Audio/video recorded or photographed]*

*\_\_\_* No, I do not consent to being *[Audio/video recorded or photographed]*