



WASHINGTON  
& JEFFERSON

COLLEGE

## CONSENT FORM

**Project Title:**

**Principal Investigator:**

**Faculty Advisor:**

You are being asked to volunteer in a research study.

**Purpose:** The purposes of the research .....

**Procedures:** If you decide to participate in these experiments, you will be asked to ....

**Risks/Discomforts:** .

**Benefits:**

**Confidentiality:** Your identity will be coded, and all data will be kept in a secured limited access location. Your identity will not be revealed in any publication or presentation of the results of this research. However, confidentiality cannot be guaranteed; your personal information may be disclosed if required by law.

**Costs:** There is no cost to you for being in this study.

**Consequences of Withdrawal:** There are no negative consequences for withdrawing from this study.

**Subject Rights:**

- Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
- You have the right to change your mind and leave the study at any time without giving any reason, and without penalty.
- You will be informed should any change to the experiment occur or any new information arise.
- You will get a copy of this consent form to keep.

- You do **not** waive any of your legal rights by signing this consent form.
- You have the right to see the final results of these studies, and to contact the experimenter(s) regarding your participation in these experiments.

**Questions about the Studies:** If you have any questions about the studies, you may contact {researcher names}. If you have any questions about your rights as a research subject, you may contact Dr. Lynn Wilson ([lwilson@washjeff.edu](mailto:lwilson@washjeff.edu)). If you wish to know the results of the study you can contact {researcher names} at {email addresses}.

PLEASE PRINT YOUR NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_