



Institutional Review Board
2500 West North Ave., Baltimore, MD 21216
Phone: 410.951.3510

CONSENT FORM

EXAMPLE

_____Name of Project_____

The purpose of this research study is _____. A potential benefit of this study is _____ describe potential benefits _____. Although the Principal Investigator does not anticipate any significant risk associated with your participation in this study, there is the possibility you may experience _____(identify potential risks(s), such as feelings of anxiety or discouragement_____ while participating in this study. At the conclusion of your participation, you will have the opportunity to discuss your experience with the Principal Investigator and receive information and referral as appropriate.

Your identity and privacy, and the confidentiality of any personal information that is disclosed will be protected. All information that is gathered will be kept in a lock file that is accessible only to the principal investigator, or in a password protected electronic database. All individual records will be destroyed within 30 days of the conclusion of this research. The results of this research will be reported only in the aggregate for the entire group of participants. The personal identity of any participant will not be revealed at any time.

Your participation in this research study is voluntary, and you may withdraw your participation at any time without penalty.

By your signature below, you confirm that you understand this agreement, that you have had an opportunity to have any question answered in advance of your participation, and that you may contact the Principal Investigator _____ at any time if you have an additional question regarding this study.

I, _____ consent to participate in this research study.

Name

Signature

Date

Principal Investigator

Signature

Date