**SAINT ELIZABETH UNIVERSITY INSTITUTIONAL REVIEW BOARD (IRB)**

**STANDARD ADULT CONSENT FORM**

*Complete this form and submit it with the Submission Form (Form 1). Indicate if you will use SEU letterhead*   *or the letterhead of the host site.*

TITLE OF RESEARCH: *Insert title of research here.*

RESEARCHER: *Insert your name; indicate whether you are a student, faculty or staff member of the College; state if the study is a course/degree requirement.*

This study has been approved by SEU’s Institutional Review Board.

*Name of Researcher(s)* has/ have:

1. Explained the purpose and procedures of the research.

***Insert a description of your research here. To make it clear to the participants, use straightforward language; just tell them the purpose of your research, what they will be asked to do, the location for the interview, and the amount of time required. Also state that you will keep your conversation confidential. If they will be compensated, specify the reward, e.g. a gift certificate to Starbucks.***

***Put your explanation in the first-person from the participants’ perspective, because they are signing the document, e.g.: “I understand that Mary Jones will interview me about palliative care in an effort to improve services. The interview will take place in her office and last approximately one hour. Ms. Jones will keep our conversation confidential. (If applicable, add a description of the reward.)***

B. Clarified that my participation is voluntary and that I may withdraw my consent and discontinue participation in the project at any time. My refusal to participate will not result in any penalty or benefit. I may choose to avoid answering some questions.

. C. Answered any questions that I have regarding the study.

By signing this agreement, I understand that the researchers do not expect any foreseeable risks to me. There is no plan to reimburse me for any costs I might incur as a result of participating in this study.

I hereby give my consent to be a participant in of your research.

I also give my consent to be audio (or video) recorded*. (Include this statement only if you will use an audio or video recording. In your form, mention only the type of recording you will use. Ask the participant to initial this line.)*

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Print Name

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Signature and Date

**THIS PAGE MUST BE PROVIDED TO THE SUBJECT**

Please keep this sheet in case you have any questions about this research project.

1. TITLE OF RESEARCH: *Insert title of research here.*
2. For answers to any questions you may have about this research, contact:

RESEARCHER: *Insert contact information for Researcher(s) here. Use your @steu.edu email.*

1. For answers to any questions you may have about your rights as a research subject, contact:

Dr. Michele Yurecko

Chair, Institutional Review Board

Saint Elizabeth University

2 Convent Road

Morristown, New Jersey 07960

973-290-4036

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