

**Sample Informed Consent Form**

**Please read this consent agreement carefully before agreeing to participate in this study.**

**Title of Study:**

**Purpose of the study:**

**What you will do in this study:**

**Time required:**

**Risks:**

**Benefits:**

**Confidentiality:**

**Participation and withdrawal:**

**Contact:**

Name of investigator(s), telephone number, e-mail address. Include principal investigator's name, department name, telephone number and e-mail address, if the co-investigator is conducting the study.

**Whom to contact about your rights in this experiment:**

(Name of Principal Investigator), e-mail address, telephone number, department name, or else you may contact Dr. Louis J DeMaio, Chair of MSUM Institutional Research Board, at [irb@mnstate.edu](mailto:irb@mnstate.edu), or (218) 477-4643.

**Agreement:**

The purpose and nature of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty.

**In signing this agreement, I also affirm that I am at least 18 years of age or older.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_