

**Guidelines for Constructing an Informed Consent Document**

***\*\*Use this template for non-exempt (i.e., expedited or full board-reviewed) protocols that are also subject (or potentially subjected) to the General Data Protection Regulation (GDPR).***

***Note: Studies involving electronic data collection of identifiable personal information are potentially subject to the GDPR, unless steps are taken to ensure participants are not providing data from a European Union location.***

***Note: This template should not be used for clinical studies. Please contact the Office of Research Compliance and Integrity (616-331-3197;*** [***rci@gvsu.edu***](mailto:rci@gvsu.edu)***) if you are planning a clinical study.***

*Use GVSU letterhead. Include all of the information indicated below as appropriate to the study. Headings in* ***BOLD RED CAPS*** *are required on all consent forms; headings in* ***BOLD BLUE CAPS*** *are additional requirements that must be included only when they apply to your study.**For most sections the information should be expressed in a few simple sentences. Text should be written at a level consistent with your target participants. For the general public, this should be* ***written at a 6th-8th grade reading level***. *You can assess the reading level of your text using Microsoft Word (see the end of this document for more details).*

1. **TITLE** Research Study Title
2. **RESEARCHERS** List names of principal investigator(s) and other key personnel. If investigator(s) are students, you must also include faculty advisor by name and department.
3. **PURPOSE** Clearly indicate it is a research study and state the purpose of the study.
4. **REASON FOR INVITATION** State the reason for inviting individuals to participate

# HOW PARTICIPANTS WILL BE SELECTED

* + Basis of selection into the study, if any.
  + Basis for exclusion from the study, if any. If none, omit mention of exclusions.

# PROCEDURES

* + Briefly describe all procedures participants will perform, and their location.
  + State approximate time required for each procedure.
  + Indicate which procedures are experimental, if any.
  + Specify out of pocket costs to participants, if any.

1. **RISKS** Describe the known risks to participants from participating in the research itself, if any. Include likelihood of each risk: minimal risk, slightly greater than minimal risk, or significant risk. If collecting/storing electronic data, a statement similar to the following must be included: “Electronic data will be collected and/or stored for this research project. As with any use of electronic means to store data, there exists a minimal risk that data could be lost or stolen.” If a treatment or procedure may involve risks to the subject (or embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable, this must be included.
2. **COMPENSATION FOR HARM** State “If you are harmed from participating in this research, contact: [insert name and contact information]. Emergency first aid will be provided to you, and you will be referred to an appropriate medical care center. Any costs for additional medical care that may be required are your responsibility and that of your medical insurance company.”

**NOTE: Do not include this section if there are no anticipated physical harms from participating in the research.**

1. **POTENTIAL BENEFITS TO YOU** Describe the potential direct or indirect benefits to participants from participating in the research. If none, state none. Compensation for participation is not a benefit.
2. **POTENTIAL BENEFITS TO SOCIETY** Describe the anticipated direct or indirect benefits to society from completion of the study and dissemination of results. All studies should include at least one potential benefit to society. Do not exaggerate the potential for benefit.
3. **VOLUNTARY PARTICIPATION** State “Your participation in this research study is completely voluntary. You do not have to participate. You may quit at any time without any penalty to you.” State what will be done with collected data if the participant withdraws from the research. If applicable, list alternatives to participating in the research.
4. **PRIVACY AND CONFIDENTIALITY** State the extent, if any, to which confidentiality of records identifying the participants will be maintained. For example, “Your name will not be given to anyone other than the research team. All information collected from you or about you is for the sole purpose of this research study and will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare.”
5. **PERSONAL DATA** State “Personal data to be collected in this study includes: [INCLUDE ALL THAT APPLY FOR YOUR STUDY] personal identifiable information (such as name or email address), demographic data, racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic/biometric data, health data, and data concerning your sex life or sexual orientation. Sensitive personal data will be handled and processed only by researchers conducting this study, or by specially authorized university or government officials to make sure the research was done properly.”
6. **DATA TRANSFER** State “If you provide data to the researchers of this study while you are physically located outside of the United States, your data will be transmitted to a Grand Valley State University campus in the United States for processing.”
7. **DATA SECURITY** State “GVSU is committed to keeping your data secure. We have put in reasonable physical, technical, and administrative data protection measures for this research. If you suspect a data breach has occurred, please contact the Vice Provost for Research Administration at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: [rci@gvsu.edu.](mailto:rci@gvsu.edu)”
8. **DATA RETENTION** State “Personal data will be retained for [insert period of time] following the completion of this research.”
9. **WITHDRAWING CONSENT** State “You have the right to withdraw your consent to the collection and processing of personal sensitive data at any time. If you would like to withdraw from participating in this study, please contact the lead researcher: [insert name and contact information]. If you would like to request that your personal data be removed from this study, please contact the Vice Provost for Research Administration at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: [rci@gvsu.edu.](mailto:rci@gvsu.edu)”

**Note: The university requires data removal requests to go through the Vice Provost for Research Administration (VPRA) to ensure compliance with the General Data Protection Regulation. The PI will be contacted by the VPRA and/or ORCI with further instructions in the event any requests for data removal are received.**

1. **REMOVAL FROM STUDY** Describe the consequences of a subject’s voluntary withdrawal from the study, if any, and procedures for orderly termination of participation. If applicable, describe circumstances when participation may be terminated by the researcher without the participant’s consent.
2. **RESEARCH STUDY RESULTS** State “You will be informed about any significant new findings developed during the course of the study that may relate to your willingness to continue participating in the study.

If you wish to learn about the results of this research study you may request that information by contacting: ­­­­­­­­­­­­­­[insert name and contact information].”

1. **PAYMENT** Describe any payment for participating in the research study that will be offered to all participants. This may be as compensation for time and effort or as an incentive to participate. Incentives must be minor and may not constitute undue influence to participate. If the incentive involves entering a drawing for a prize, describe the drawing, prizes, and approximate chances of winning. If there is no payment, state “There will be no payment for participation in the research.”

1. **AGREEMENT TO PARTICIPATE** In studies enrolling adult participants only, state “By signing this consent form below you are agreeing to the following:
   * The details of this research study have been explained to me, including what I am being asked to do and the anticipated risks and benefits;
   * I have had an opportunity to have my questions answered;
   * I am voluntarily agreeing to participate in the research as described on this form;
   * I am voluntarily agreeing to have my personal data used for this study and agree the data can be transferred to the United States if originally collected outside of the United States;
   * I may ask more questions or quit participating at any time without penalty.

Print Name:

Sign Name in ink:

Date Signed: ”

**Note: In studies enrolling minors (persons not yet 18 years of age): Minors may not enroll in research without their parent’s documented permission, unless a waiver has been granted to the researcher in writing by the Grand Valley State University Human Research Review Committee. Minors between 7 and 18 years of age are required to assent to participation. Documentation of minors’ assent is permitted, but is not required. Minors under age 7 are not required to assent to participate. For more information, see** [**HRRC Policy 812: Informed assent and parental permission**](https://www.gvsu.edu/cms4/asset/F51281F0-00AF-E25A-5BF632E8D4A243C7/policy_812_effective_05-01-2018.pdf)**. The researcher will need to modify the Agreement to Participate text accordingly, depending upon the target participant population.**

1. **CONTACT INFORMATION** State “If you have any questions about the study you may contact

NAME: PHONE:

E-MAIL:

If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: [rci@gvsu.edu.](mailto:rci@gvsu.edu)

This study has been approved by the Grand Valley State University Human Research Review Committee (Protocol #XX-XXX-H).”

**Assessment of grade-level readability in Microsoft Word:** Within Word, go to FILE, choose Options, and then select Proofing. Click the box labeled “Readability Statistics” and click OK. Go to the REVIEW tab and select Spelling & Grammar. Readability stats, including the Flesch-Kincaid Grade Level estimate, will now be included with the spelling and grammar report.

If you have any questions about how to use this consent template, please contact the Office of Research Compliance and Integrity at (616) 331-3197 or [rci@gvsu.edu.](mailto:rci@gvsu.edu) The office observes all university holidays. Please include your study title and reference number in all correspondence with our office.