INFORMED CONSENT
(TITLE of STUDY)

You are invited to participate in a research study which will involve (STUDY DESCRIPTION). My name is (YOUR NAME), and I am a (YOUR ROLE) at the University of the Pacific, (SCHOOL OR DEPARTMENT). You were selected as a possible participant in this study because of (REASONS FOR SELECTION).

The purpose of this research is to (PURPOSE). If you decide to participate, you will be asked to (PROCEDURES). Your participation in this study will last (DURATION).

There are some possible risks involved for participants. These are the (RISKS). There are some benefits to this research, particularly that (BENEFITS).

(If applicable, insert statement on ALTERNATIVES to this procedure.)

If you have any questions about the research at any time, please call me at (YOUR PHONE NUMBER), or (ADVISOR or ANOTHER CONTACT’S PHONE NUMBER). If you have any questions about your rights as a participant in a research project, or in the event of a research related injury, please call the Research & Graduate Studies Office, University of the Pacific (209) 946-7356.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Measures to insure your confidentiality are (CONFIDENTIALITY PROTECTIONS). The data obtained will be maintained in a safe, locked location and will be destroyed after a period of three years after the study is completed.

Your participation is entirely voluntary and your decision whether or not to participate will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you are free to discontinue participation at any time with out penalty or loss of benefits to which you are otherwise entitled.

Your signature below indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

(If applicable, give information on how to obtain the results of the study.)

You will be offered a copy of this signed form to keep.

Signature                                            Date
__________________________________  ___________________________
NOTE: Language may be altered to obtain parental consent for participation of their child (e.g., "If you decide to allow your child to participate in this study, the child will be asked to... "). Children may also sign this form if they understand the information provided or a separate assent form may be given to children (see following sample). If subjects are mentally handicapped the language should be appropriate to their understanding and additional signatures are required (refer to section X).

This template is only a suggested form. You may write your own Informed Consent form, but it should be checked to make sure it includes all of the following elements:

**STUDY DESCRIPTION**
Explicit statement that this is a research project, who the investigators are, what the purpose of the research is, and how subjects will be selected.

**REASONS FOR SELECTION**
Explain what populations are being studied, and why and how the individual has been selected.

**PROCEDURES**
Procedures for the study must be outlined including time required, how treatment will be assigned, an explanation of blinding and randomization, and procedures that are experimental instead of standard care or treatment.

**BENEFITS and RISKS**
The probability of benefit or harm from participation in the study must be fully explained to the subject. Procedures to minimize risk must be explained. Alternative procedures or treatments outside of the study should be identified, and the subjects should be made aware of which results they will be given.

**CONFIDENTIALITY**
Procedures used to ensure confidentiality should be explained, as well as information about storage and destruction of the data.

**VOLUNTARY PARTICIPATION**
A statement that participation is voluntary on the part of the subject, and that they may decline to participate, or withdraw from the study without penalty of effect on treatment at any time.

**RESEARCHER’S NAME AND ROLE AT PACIFIC, CONTACT INFORMATION**
Subjects must be informed about who is conducting the research, who to contact for questions regarding the study, the rights of human subjects in a research study, and how to obtain results from the study if they are to be provided to subjects.
SAMPLE ASSENT FORM (children)

Child's Name: ____________________________

We are interested in what attention is, so that one day we can try to help people who find it hard to concentrate on things, and we'd like you to help us.

We'd like you to play a game on a computer. All you'll have to do is press a button when some lights come on. It will take about an hour, but you can rest as much as you'd like, and you can stop the game whenever you want.

If you want to rest, or stop completely, just tell us--you won't get into any trouble! In fact, if you don't want to play the game at all, you don't have to. Just say so. Also, if you have any questions about what you'll be doing, or if you can't decide whether to do it or not, just ask us if there is any thing you'd like us to explain.

If you do want to try it, please sign your name on the line below. Your parent(s) have already told us that it is alright with them if you want to play the game. Remember, you don't have to, and once you start you can rest or stop whenever you like.

___________________________