



Informed Consent Checklist

Use the checklist below as a guide to putting together your informed consent form. Please note that **all** components must be present in your informed consent form.

If your research study involves human subjects, this checklist must be submitted with your research request application.

Component	Present?	Notes
General Information: <ul style="list-style-type: none"> ● Study title ● Researcher's name(s) ● Name of institution conducting research 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explanation of the purpose(s) of the research	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected time commitment if subject chooses to participate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notice that participants will be audio or video taped (<i>if applicable</i>) <i>*Note that participants may withdraw their consent to be recorded at any time, even if they have signed the form to give consent</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Description of procedures that will be followed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of any potential risks or discomforts to the subject	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of any potential benefits to the subject	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Compensation details for participation (<i>if applicable</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
A statement describing the extent to which confidentiality of records identifying the subject will be maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of how data will be protected and length of time data will be kept before being destroyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Statement detailing that participation is voluntary and that participants may withdraw from the study at any time without negative consequences	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact information for whom to contact regarding: <ul style="list-style-type: none"> ● Questions about the research ● Research subjects' rights <i>*Provide researcher and IRB/Institution contact information</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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<p>For Parental Consent forms, a clause specific to the Protection of Pupil Rights Act: "Parents: please be aware that under the Protection of Pupil Rights Act, you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact [INSERT RESEARCHER NAME] at (XXX) XXX-XXXX to obtain a copy of the questions or materials."</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p>Space/Lines for student's name and parent/guardian signature (<i>if applicable</i>)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p>Space/Lines for participant's name and signature (<i>if applicable</i>)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	