



**INFORMED CONSENT: ADULT RESEARCH PARTICIPANT -
MINIMUM RISK OF INJURY**

You are being asked to participate in the research project described below. Your participation in this study is entirely voluntary and you may refuse to participate, or you may decide to stop your participation at any time. Should you refuse to participate in the study or should you withdraw your consent and stop participation in the study, your decision will involve no penalty or loss of benefits to which you may be otherwise entitled. You are being asked to read the information below carefully, and ask questions about anything you don't understand before deciding whether or not to participate.

Title of Study: [Click or tap here to enter text.](#)

Principal Investigator (*first, last name and degree of all principal investigators*): [Click or tap here to enter text.](#)

Student Researcher (*first, last name of all student researchers*): [Click or tap here to enter text.](#)

Faculty Sponsor (*first, last name and degree*): [Click or tap here to enter text.](#)

Purpose: [Click or tap here to enter text.](#)

Procedures: [Click or tap here to enter text.](#)

Expected Duration: [Click or tap here to enter text.](#)

Risks of Participation: [Click or tap here to enter text.](#)

{Many of the studies performed by UHCL faculty or students do not involve physical risk, but rather the possibility of psychological and/or emotional risks from participation. The principles that apply to studies that involve psychological risk or mental stress are similar to those that involve physical risk. Participants should be informed of any foreseeable risks or discomforts and provided contact information of professional agencies (e.g., a crisis hotline) if any treatment is needed. **List all possible risks. Provide the "Control" to decrease incident for each risk.**}

Benefits to the Subject: There is no direct benefit received from your participation in this study, but your participation will help the investigator(s) better understand: [Click or tap here to enter text.](#)

Confidentiality of Records: Every effort will be made to maintain the confidentiality of your study records. The data collected from the study will be used for educational and publication purposes, however, you will not be identified by name. For federal audit purposes, the participant's documentation for this project will be maintained and safeguarded by the **Principal Investigator** or **Faculty Sponsor** for a minimum of three years after completion of the study. After that time, the participant's documentation may be destroyed.

Financial Compensation: There is no financial compensation to be offered for participation in the study.

Investigator's Right to Withdraw Participant: The investigator has the right to withdraw you from this study at any time.

Contact Information for Questions or Problems:

The investigator has offered to answer all of your questions. If you have additional questions during the course of this study, about the research or any related problem, you may contact:

Principal Investigator (first, last name, telephone number, email): [Click or tap here to enter text.](#)

Student Researcher (first, last name, telephone number, email): [Click or tap here to enter text.](#)

Faculty Sponsor (first, last name, telephone number, email): [Click or tap here to enter text.](#)

Signature:

Your signature below acknowledges your voluntary participation in this research project. Such participation does not release the investigator(s), institution(s), sponsor(s) or granting agency(ies) from their professional and ethical responsibility to you. By signing the form, you are not waiving any of your legal rights.

The purpose of this study, procedures to be followed, and explanation of risks or benefits have been explained to you. You have been allowed to ask questions and your questions have been answered to your satisfaction. You have been told who to contact if you have additional questions. You have read this consent form and voluntarily agree to participate as a subject in this study. You are free to withdraw your consent at any time by contacting the Principal Investigator or Student Researcher/Faculty Sponsor. You will be given a copy of the consent form you have signed.

Subject's Printed Name: [Click or tap here to enter text.](#)

Subject's Signature: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

Using language that is understandable and appropriate, I have discussed this project and the items listed above with the subject.

Printed Name and Title: [Click or tap here to enter text.](#)

Signature of Person Obtaining Consent: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) INSTITUTIONAL REVIEW BOARD (IRB) HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL IRB (281-283-3015). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

(FEDERALWIDE ASSURANCE # FWA00004068)