**University of Southern Maine**

**CONSENT FORM TEMPLATE**

**Note: this page should not be part of your consent form**

The Office of Research Integrity and Outreach (ORIO) and the USM Institutional Review Board (IRB) welcome any feedback on this template, any problems, and suggestions for improvement. Please email your feedback to the USM Office of Research Integrity and Outreach at usmorio@maine.edu. It will have no effect on your application.

**Consent forms for research being conducted in non-English speaking countries.**

**You will need two consent forms.**

The first (#1) is a full consent form (in English that will be read to participants in native language). You can take all of the information from your information sheet and consent and confidentiality form and include them in the final consent form following the template here:

[Adult Consent Form Template](https://usm.maine.edu/orio/wp-content/uploads/sites/361/2022/07/IRB-Adult-Consent-form-template.docx) (docx): <https://usm.maine.edu/orio/wp-content/uploads/sites/361/2022/07/IRB-Adult-Consent-form-template.docx>

A short form (#2) is used when the participant doesn't speak English and there is not enough time to translate the English version of the approved consent document into a language they understand. It is more of an outline of what the researcher will explain to them.

The theory is a shorter document is easier to translate into written form. The entire consent form (#1) is described to the participant orally in their language.

Scroll to next page for a sample short form, not from USM, but it is a good example.

Both forms, #1 and #2 should be attached to the protocol.

**Consent to Participate in Research**

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about:
(i) the purposes, procedures, and duration of the research;
(ii) any procedures which are experimental;
(iii) any reasonably foreseeable risks, discomforts, and benefits of the research;
(iv) any potentially beneficial alternative procedures or treatments; and
(v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about:
(i) any available compensation or medical treatment if injury occurs;
(ii) the possibility of unforeseeable risks;
(iii) circumstances when the investigator may halt your participation;
(iv) any added costs to you;
(v) what happens if you decide to stop participating;
(vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ any time you have questions about the research.

You may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights as a research subject or what to do if you are injured.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

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Signature of participant date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness date

If you have any questions or concerns before, during or after your participation regarding your rights as a participant, to obtain information, offer input, or whom to contact in the event of a research related injury, you may contact the USM Office of Research Integrity and Outreach at usmorio@maine.edu.