

TEMPLATE 3 UNSIGNED CONSENT DOCUMENT - Please modify the following information as necessary.

45 CFR 46 117(c) In certain instances, an IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects. In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research.

Only the IRB can waive or modify the consent process. Researchers are not authorized to make this decision. When a signed informed consent is not required, this consent form may be given to participants to keep. Please modify the following information as necessary.

Northeastern University, Department of:

Name of Investigator(s): *[Principal Investigator's name, Student Researcher's name]*

Title of Project:

Request to Participate in Research

We would like to invite you to take part in a research project. The purpose of this research is to _____.

You must be at least 18 years old to be in this research project. *[Unless specifically approved otherwise by HSRP]*

The study will take place at _____ and will take about _____ *[minutes/hours/sessions/etc.]*. If you decide to take part in this study, we will ask you *[to fill out a survey/answer a series of questions/discuss your opinions/etc.]* about _____.

There are no foreseeable risks or discomforts to you for taking part in this study.

OR

The possible risks or discomforts of the study are minimal. You may feel a little *[uncomfortable/embarassed/sad/tired/etc.]* answering *[personal/sensitive/many/etc.]* questions.

There are no direct benefits to you for participating in the study. However, your answers may help us to learn more about _____.

Your part in this study is anonymous. That means no one will know if you took part in this study and no one, including the researcher, will know what your answers are. Any reports or publications based on this research will use only group data and will not identify you or any individual as being of this project.

OR

Your part in this study will be handled in a confidential manner. Only the researchers will know that you participated in this study. Any reports or publications based on this research will use only group data and will not identify you or any individual as being of this project.

The decision to participate in this research project is up to you. You do not have to participate and you can refuse to answer any question. Even if you begin the study, you may withdraw at any time.

You will not be paid for your participation in this study.

OR

[If participants will be paid or receive a gift, state what the payment is and when it will be given. For example: You will receive a \$5 gift certificate to Dunkin Donuts at the end of the focus group.]

If you have any questions about this study, please feel free to call _____ *[name and contact information]*, the person mainly responsible for the research. You can also contact *[name and contact information]*, the Principal Investigator.

If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, Mail Stop: 560-177, 360 Huntington Avenue, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: n.regina@northeastern.edu. You may call anonymously if you wish.

You may keep this form for yourself.

Thank you.

Name of Investigator