“On the Street” Interview and Telephone Consent Template

Limited instructions shown in ( ) and blue font. Delete these sections when the form is submitted to the IRB.

**“On the Street” Interview Consent Model**

**Study Title:**

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| **Introduction** |
| Hello, I’m from Florida Gulf Coast University. My name is      . I am wondering if you are interested in participating in a research study       conducted through the University. (If applicable, specify that the research is being done as part of a class or for a degree from Florida Gulf Coast University). Your participation in this study is voluntary. If you choose to participate in the study, you can leave it at any time with no penalty. Refusal to join the study will not affect any future services you may be eligible to receive from the University (add any cooperating agencies in the study). If you join the study you do not have to answer any question you do not want to answer. The University requires that I obtain your consent before you can participate in this study,  |
| **Study Summary** |
| The purpose of this study is to      . (1 - 2 sentences)I am asking you to take part in the study because you      .The information we learn from this study may help us      .Participants in this study will      .(Provide a concise (3 – 4 sentences) description of the research including the duration of participation, description of research and/or experimental procedures, the time commitment for the research and/or experimental procedures.) There is a risk of      . (1 - 2 sentences)Please ask me any questions you have to help you understand the study. |
| **Compensation for Participation** |
| You will not be paid to take part in this study.or You will receive       to thank you for joining this study.orThere is a potential for you to incur costs for      (andif the study is sponsored, modify the following sentence as appropriate.)You will not receive any proceeds, profits, or other benefits from any commercialization that may result from this study. |
| **Confidentiality** |
| If you join the study, I (we) will take the following steps to keep your information confidential and secure      . I (We) will not release information about you unless you authorize us to do so or unless we are required to do so by law. If the results of this study are published or presented, no information will be included that would make it possible to identify you as a study participant.It is possible that organizations responsible for making sure the research is done safely and properly such as the university, and government offices (or the study sponsor, [sponsor name(s), if appropriate]) may need to see the information you provide. |
| **Storage and Future Use of Data** |
| (Include one of the following statements if private information or identifiable biospecimens are collected in the study)The identifiers might be removed from the personally identifiable information or biospecimens you provided and the de-identified information or biospecimens may be used for future research.orYour information or biospecimens will not be used or distributed for future research studies even if your identifiers are removed from the information or biospecimens you provided for this study. |
| **Contact Information** |
| If you have any questions about this study or your rights as a subject/participant in this research please contact the individuals on this handout. (See handout information template below.) |
| Do you have any questions before we begin? |
| Do you agree to participate in this research? |
| Study participants must be age 18 or older and      . Please verify that you meet this criterion. |
| I appreciate your willingness to help with the study. |
| Let’s begin with the first question. |

Distribute the following information to each participant when the

“On the Street” Interview Consent Model is used

Limited instructions shown in ( ) and blue font. Delete these sections when the form is submitted to the IRB.

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FGCU Study Contact Information

Study Title:

Sponsor:       (If applicable)

Principal Investigator:       (Must be full-time faculty or staff)

Co-Investigator(s):       (If applicable)

If you have any questions about this study, please contact      (Principal Investigator) at 239-     .

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact the Institutional Review Board through research@fgcu.edu or Sherry Alexander, Office of Research & Sponsored Programs, at sralexander@fgcu.edu.

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**Telephone Consent Model**

Limited instructions shown in ( ) and blue font. Delete these sections when the form is submitted to the IRB.

**Instructions:** If the person agrees to participate, document the person’s name or identifier in the attached spreadsheet, and initial by each name it to indicate that you have administered the elements of informed consent and that the person has agreed to participate.

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| Study:       |
| **Introduction** |
| Hello, I’m calling from Florida Gulf Coast University. My name is      . I am calling to ask if you are interested in participating in a research study title       conducted through the University. (If applicable, specify that the research is being done as part of a class or for a degree from Florida Gulf Coast University) Your participation in this study is voluntary. In order for you to participate in this study, the University requires that I obtain your consent.If you choose to join the study, you can leave it at any time with no penalty. You do not have to answer a question you do not want to answer. |
| **Nature and Purpose of Study** |
| The purpose of this study is to      . (1 - 2 sentences) |
| Participants in this study will      . (Provide a concise (3 – 4 sentences) description of the research) |
| There is a risk of      .(1 - 2 sentences) If you are interested in learning more about this study, I will continue to explain the study. Please ask me any questions you have to help you understand the study. |
| **Invitation to Join Study** |
| I am asking you to take part in the study because you      . |
| Study participants must be age 18 or older and      . Please verify that you meet this criterion. |
| If you join the study, you will be asked to answer       (number of)       (type of questions). I (We) anticipate that this survey/interview will take less than       minutes to complete. |
| Your participation is completely voluntary. You are free to stop the survey at any time. You can skip any questions you do not want to answer. Refusal to join the study will not affect any future services you may be eligible to receive from the University (add any cooperating agencies in the study) |
| **Confidentiality of Information** |
| If you join the study, I (we) will take the following steps to keep your information confidential and secure      . I (We) will not release information about you unless you authorize us to do so or unless we are required to do so by law. If the results of this study are published or presented, no information will be included that would make it possible to identify you as a study participant.It is possible that organizations responsible for making sure the research is done safely and properly such as the university, and government offices (or the study sponsor, [sponsor name(s), if appropriate]) may need to see the information you provide. (Include one of the following statements if private information is collected for the study)The identifiers might be removed from the personally identifiable information you provided and the de-identified information may be used for future research.or Your information will not be used or distributed for future research studies even if your identifiers are removed from the information you provided for this study. |
| **Risk(s) of Participating** |
| There is a chance of harm if you join the study. The activities you will do may      . I (We) will       to prevent them or minimize them.or There is minimal risk involved with this study. I (We) will       to prevent them or minimize them.or There are no known or anticipated risks to you if you join the study.  |

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| **Benefit(s) of Participating**  |
| I (We) do not expect this study to benefit you. or Being in this study might benefit you by      or I (We) hope the information we get from this study will help others who       |
| **Compensation** |
| You will not be paid to take part in this study.orYou will receive       to thank you for joining this study.orThere is a potential for you to incur costs for      and (if the study is sponsored, modify the following sentence as appropriate.)You will not receive any proceeds, profits, or other benefits from any commercialization that may result from this study. |
| **Contact Information** |
| I (We) do not foresee any medical problems from participating in this study. However, if you believe you experienced a research related injury, please contact       at 239-      . (Principal Investigator)If you have any questions about this study, please contact       (Principal Investigator) at 239-     . |
| If you have any questions about your rights as a participant in this study, or if you feel you have been placed at risk, you can contact the Human Subjects' Institutional Review Board through research@fgcu.edu or Sherry Alexander, Office of Research & Sponsored Programs, at sralexander@fgcu.edu. |
| Do you have any questions before we begin? |
| Do you agree to participate in this research?  |
| I appreciate your willingness to help with the study. |
| Let’s begin with the first question. |

**List of Individuals Contacted by Phone to give Consent to participate in the Study**

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| --- | --- | --- | --- | --- |
| Date | Contact/Participant Name/ Identifier | Individual Administering Consent | Agreed to Participate (Y/N) | Notes |
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