**Consent Form**

(Title of Activity)

[Principal Investigator's and co-investigator's name(s), position(s), department(s) and telephone number(s); also Responsible Project Investigator if PI is a student]

[**Investigator's Statement**]

**Purpose and Benefits**

[Include statements concerning what the activity is about, why it is being conducted, and who might benefit. If this is a student research project, indicate what educational requirement(s) the research project is intended to fulfill.]

**Procedures**

[Outline procedures, including the commitment of time for each, the total amount of time involved, and for what period. If a questionnaire or interview is involved, include examples of the most personal and sensitive questions. Indicate that individuals are free not to answer any questions which they find objectionable. If audio or video recording of subjects is to be done, or part or all of conversations is to be quoted verbatim, state: "Washington State law provides that private conversations may not be recorded, intercepted, or divulged without permission of the individual(s) involved."]

**Risk, Stress or Discomfort**

[Avoid stating that there are no risks. Include information on reasonable risks and any possible invasion of privacy. List side effects and, if appropriate, how they will be handled.]

**Other Information**

[Include information on alternative procedures available. State whether the identity of subjects will remain confidential or anonymous, as applicable. Include that subjects are free to withdraw at any time without penalty, or, for patient subjects, "without penalty or jeopardizing future care." Include specific information when subjects will receive an inducement, e.g., money, free services, extra course credit (alternatives must be spelled out in this case) for participation in the study; also indicate what they will receive if they withdraw.]

|  |  |
| --- | --- |
| Signature of Principal Investigator | Date |

[**Subject's Statement**]

[State: "The study described above has been explained to me, and I voluntarily consent to participate in this activity (study, research, etc. as appropriate)." State: "I have had an opportunity to ask questions," If applicable also state: "I give permission to record, intercept, and/or divulge conversations (as appropriate) in which I participate during this activity (study, research, etc. as appropriate)."] I understand that by signing this form I am not waiving my legal rights. I understand that I will receive a signed copy of this form.

|  |  |
| --- | --- |
| Signature of Subject | Date |

|  |  |  |
| --- | --- | --- |
| [as appropriate]  Signature of Parent/Legal Guardian | | Date |
| [for adult who is unable to provide consent]  Signature of Subject Advocate |  | Date |

[\*Subject may usually waive the right to the advocate by signing in that space as well.]

[When completed form is more than one page in length, give title of project on second page and number the pages "Page 1 of \_\_\_pages,", etc. and place signatures on last page. Both the Investigator and each subject must receive a copy of the signed consent form.]

[State: “If you have any concerns about your rights as a participant in this research or any complaints you wish to make, you may contact Charlene Alspach, Executive Director, Grant & Research Development, at (509) 359-2517 or [calspach@ewu.edu](mailto:calspach@ewu.edu).”]