Informed Consent Form for Participation in Research

**Title of the Study: [Your Study Title]**

**Principal Investigator: [Your Full Name]**

# Introduction:

You are invited to participate in a research study conducted by **[Your Name]**, a researcher from the **University of the Potomac**. The purpose of this study is to **[briefly describe the main objective of the research]**.

# Study Procedures:

If you agree to participate, you will be asked to **[describe the specific tasks, activities, or interventions participants will undergo during the study]**.

# Duration of the Study:

The study is expected to take approximately **[provide an estimated duration]** to complete.

# Risks and Benefits:

**[Explain any potential risks or discomforts participants may experience and outline the potential benefits of the study].**

# Confidentiality:

Your participation in this study is confidential. Your personal information will be kept strictly confidential and will only be accessible to the research team. **[Include details about how data will be stored, protected, and retained]**.

# Voluntary Participation:

Your participation in this study is voluntary. You may choose not to participate, and you may withdraw from the study at any time without consequence.

# Questions and Concerns:

If you have any questions or concerns about the study, you can contact **[Your Contact Information]**. If you have any concerns about the conduct of the research and would like to talk to someone other than the research team, you can contact the [Institutional Review Board (IRB)] at irb@potomac.edu.

# Consent:

By signing this form, you indicate that you have read and understood the information provided above. You agree to participate voluntarily in this study.

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Investigator's Statement:

I have explained the nature and purpose of the study to the participant, and I have provided an opportunity for them to ask questions. I confirm that the participant understands the information provided and is participating voluntarily.

Investigator's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_