



## ADULT CONSENT FORM PRINCETON UNIVERSITY

TITLE OF RESEARCH: [Insert study title]

PRINCIPAL INVESTIGATOR: [Insert Principal Investigator's name]

PRINCIPAL INVESTIGATOR'S DEPARTMENT: [Insert Principal Investigator's Department]

### **Key information about the study:**

Your informed consent is being sought for research. Participation in the research is voluntary.

The purpose of the research [Insert description]:

The expected duration of the subject's participation [Insert description]:

The procedures that the subject will be asked to follow in the research [Insert description]:

The reasonably foreseeable risks or discomforts to the subject as a result of participation [Insert description]:

The benefits to the subject or to others, e.g., society that may reasonably be expected from the research [Insert description]:

The alternative procedures, if any, that might be advantageous to the subject [Insert description]:

### **Additional information about the study:**

#### **Confidentiality:**

*[Describe the extent to which confidentiality of research records, including tape recordings or videotapes if applicable, will be maintained; state whether subjects' information will remain anonymous (if there is no link to their responses and it is not possible at any point to identify the subject) or just confidential; and who will have access to the subjects' data. Sample language is below.]*

All records from this study will be kept confidential. Your responses will be kept private, and we will not include any information that will make it possible to identify you in any report we might publish. Research records will be stored securely in a locked cabinet and/or on password-protected computers. The research team will be the only party that will have access to your data.

If the research involves the collection of identifiable private information or identifiable biospecimens, insert one of the following statements:

- (i) The subject's information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.
- (ii) or identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject.

**Compensation:**

[Specify whether subjects will be compensated and, if so, the amount. If amount will be prorated for any reason, state the amount.]

**Who to contact with questions:**

Principal investigator [Insert contact information for Principal Investigator here]:

If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the Institutional Review Board at:

Phone: (609) 258-8543  
Email: [irb@princeton.edu](mailto:irb@princeton.edu)

**Summary:**

I understand the information that was presented and that:

My participation is voluntary.

Refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.

I may discontinue participation at any time without penalty or loss of benefits.

I do not waive any legal rights or release Princeton University or its agents from liability for negligence.

I hereby give my consent to be the subject of the research.

*If you will consent subjects, but not obtain their signature, delete the below signature lines.*

Click here to enter text.  
Subject's Signature

Click here to enter text.  
Date

Click here to enter text.  
Person Obtaining Consent's Signature

Click here to enter text.  
Date

*Include if applicable:*

*Recordings:*

*[Example:]* With your permission, we would also like to audiorecord the study procedure. Please sign below if you agree to be audiorecorded.

I hereby give my consent for audiorecording: Click here to enter text.

*[Example:]* With your permission, we would also like to videorecord the study procedure. Please sign below if you agree to be videorecorded.

I hereby give my consent for videorecording: Click here to enter text.