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**Institutional Review Board for the Protection of Human Subjects**

**Form K—Script for Verbal or On-line Consent for Participation in a Research Study**

***Instructions to Investigator(s): Adapt this template to your project deleting all blue instructions and text. If a section with blue instructions is not applicable to your project, delete. Bolded wording must be included. Before submission to the IRB: Remove instructions and any bold emphasis.***

You are invited to participate in a research study about (describe project in non-technical language; explain **purpose** of the research). You will be asked to (describe **procedures**, such as “participate in a short interview” *”;* (Include types of questions that will be asked; describe **alternative procedures**, if any).

Your participation will take approximately (insert **duration**).

The **risks** associated with the study are (describe foreseeable risks or discomfort to subjects; if none, state as such). The **benefits** which may reasonably be expected to result from this study are (describe any benefits; if none, state there is no benefit to you personally, but there may be a benefit to society as a result of the study). You will receive (describe reimbursement or incentive; where there is none, state as such) as **payment** for your participation.

Please understand **your participation is voluntary** and you have the right to withdraw your consent or **discontinue participant at any time without penalty.** You have the right to refuse to answer particular questions. Your individual privacy and **confidentiality** of information you provide will be maintain in all published and written data resulting from the study. (If identities will be disclosed, provide details, e.g. “With your permission you identity will be made know in written materials resulting from the study” and indicate how permission to use the name will be attained).

If the research study collects identifiable private information, include the following statement:

Your private information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

If you are consenting participants on-line, please include the following:

***Questions:*** If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, you should contact the Principal Investigator(s), name, email and phone number of Principal Investigator(s).

(If research is conducted overseas, please also add the following)Locally, you can also contact(provide name and contact information) who can answer any questions you may have regarding this study and assist you in contacting the Whitworth IRB.

***Independent Contact:*** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about research or your rights as a participant, please contact the Whitworth University Institutional Review Board (IRB) to speak to someone independent of the research team at (509) 777-3701. You may also write to the Whitworth IRB, Whitworth University, Academic Affairs, 300 W Hawthorne Rd. Spokane, WA 99251.

If you are consenting participants on the phone, please include the following:

If you have any questions about this study, or about anything else you can contact me at (provide your email) or the Whitworth IRB at 509-777-3701.

If you are consenting participants fact-o-face, please include the following:

I will provide you with my contract information if you have any questions for me about this study, or anything else. The sheet I am giving you also has the contact information for the Whitworth Institutional Review Board (IRB) if you have any questions about your right as a participant. (If research is conducted overseas, please also add the following:) Locally you can also contact (provide local name and contact information) who can contact the Whitworth IRB on your behalf and answer any questions you may have regarding this study.

Hand out the following **contact sheet** to subjects **if** consenting verbally.

**FOR QUESTIONS ABOUT THE STUDY**

*Questions:*  If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, you should contact the Principal Investigator(s), name, email and phone number of Principal Investigator(s).

(If research is conducted overseas, please also add the following)Locally, you can also contact(provide name and contact information) who can answer any questions you may have regarding this study and assist you in contacting the Whitworth IRB.

*Independent Contact:*  If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about research or your rights as a participant, please contact the Whitworth University Institutional Review Board (IRB) to speak to someone independent of the research team at (509) 777-3701. You may also write to the Whitworth IRB, Whitworth University, Academic Affairs, 300 W Hawthorne Rd. Spokane, WA 99251.

If participants do not speak English, identify a local contact person to act as a liaison and translator for subjects who may want to contact the Human Subjects Office with questions or complaints. Include the following statement:

If you have questions about your rights as a study participant or are dissatisfied at any time with any aspect of this study, you may contact - anonymously, if you wish, *(insert name and contact information for the designated liaison/translator)*, who will assist you in contacting the Stanford IRB.