### Sample Adult Consent Template – Exempt Studies

* Insert study-specific language where indicated.
* **Use lay language, generally at an 8th grade reading level. Avoid jargon and complex terms unless defined. Avoid 1st person.**
* Delete these instructions and all red text prior to submitting to the IRB

University of Missouri–St. Louis

Informed Consent for Participation in Research Activities

**Project Title:**

**Principal Investigator:**

**Department Name:**

**Faculty Advisor: This should be listed for student projects. If not applicable, REMOVE**

**IRB Project Number:**

1. You are invited to participate in a research study. The purpose of this research is (describe your project).

2. Your participation will involve (describe what the participant is being asked to do and include the duration).

 If the study includes audio/video recording, provide a description.

1. For your time and effort, we will be offering compensation in the amount of (include amount and also include payment type. If extra or course credit, include that information with alternative assignment). **If there is no compensation, remove this sentence.**
2. If the study is anonymous (i.e. no identifiers are collected) include this sentence -There are no known risks associated with this research other than the potential for mild boredom or fatigue. If the study is confidential (i.e. identifiers are collected) include this sentence - There is a loss of confidentiality risk associated with this research. This will be minimized by (include information on how the risk will be minimized i.e. coding) Also include other associated risks known to the researchers (i.e. distress, discomfort, etc.) and how they will be minimized.
3. There are no direct benefits for you participating in this study OR The possible benefits to you from this research are

(Use the second option ONLY IF there are tangible direct benefits, such as feedback re: personality characteristics) Benefits do NOT include compensation.

1. Your participation is voluntary and you may choose not to participate in this research study or withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or withdraw.

7. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection) that would lead to disclosure of your data as well as any other information collected by the researcher.

8. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, (insert name and phone number) or the Faculty Advisor, (insert name and phone number). You may also ask questions or state concerns regarding your rights as a research participant to the University of Missouri–St. Louis Office of Research Compliance, at 314-516-5972 or irb@umsl.edu.