**Eureka College: Informed Consent Form for Research Involving Human Subjects**

You are being invited to participate in a research study, which the Eureka College Institutional Review Board (IRB) has reviewed and approved for conduct by the investigators named here. This form is designed to provide you - as a human subject - with information about this study. The Investigator or his/her representatives will describe this study to you and answer any of your questions. You are entitled to an Experimental Research Subject’s Bill of Rights and a copy of this form (you may copy/paste this form into a word processor). Please contact **[names]**, Principal Investigator at **[email address]** or **[phone number]** if you have any questions about the research. Please contact Alexander Swan, IRB Chairperson at aswan@eureka.edu or 309-467-6418 if you have any questions about your rights as a participant, or in the event of a research-related injury.

Protocol Title:

Protocol Number:

PURPOSE:

PROCEDURE:

RISKS/BENEFITS:

VOLUNTARY PARTICIPATION: You must be 18 years of age or older to participate in this study. Participation in this study is voluntary, and you can withdraw at any time without penalty.

CONFIDENTIALITY: Any information that you provide will be kept confidential. Your responses will be combined with those of others and will be reported as a whole. Data may be reported in publications or in conference presentations. Your personal information will not be linked to any of the reported results.

If you have any further questions about the survey, or would like a printed version of this form, please contact Alexander Swan, IRB Chair (aswan@eureka.edu). Thank you for your time and willingness to help us.

Have you read the above information and do you agree to be a participant in this study? By signed you also agree that you are 18 years old or older. Remember that you can withdraw from the study at any time without penalty.

Please circle one.

Yes

No

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Signature Date