

Indiana University Kokomo Informed Consent Statement  
Study Title: *Title of Research is Here*  
Study Investigator: *Ima Researcher, Phd*

You are invited to participate in a research study about the *topic of the research here*, with the purpose of *purpose of the research here*. If you agree to participate, you will be asked to *list out the procedures to be followed, including any experimental procedures*. Approximately *number* of people will be participating in this study, and your participation will take approximately *how much time it is likely to take*. Participants in this study may *explain exposure to any risks that the participant may experience*. *Explain the procedures used to minimize or take care of risks*. This study will benefit *explain personal and/or societal benefits here*. *If a therapeutic study, explain alternative procedures or treatments*.

The study data will be coded so that it will not be linked to your name. Your identity will not be revealed while the study is being conducted or when the study is reported or published. The study data that is collected will be stored in *explain the secure place*, and will not be shared with any other person without your permission.

Your participation in this research study is voluntary; you are under no obligation to participate. You have the right to withdraw at any time and there will be no *list potential bad outcome*.

This study and its procedures have been reviewed and approved by the IU Kokomo Institutional Review Board for the Protection of Human Subjects. If you have any questions about this study you may contact *Ima Researcher, principal investigator at contact phone number, email, address*. If you have any questions or concerns about your rights as a research participant you may contact Dr. Shirley Aamidor, Chair IU Kokomo IRB at (765) 455-9296, [saamidor@iuk.edu](mailto:saamidor@iuk.edu) or at Indiana University Kokomo, 2300 South Washington Street, PO Box 9003, Kokomo, IN 46904-9003.

I have read this consent form and voluntarily agree to participate in this study.

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Subject's signature	date	<i>if appropriate</i> legal representative	date
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Relationship to subject			

I have explained this study to the above subject and have sought his/her understanding for informed consent.

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Researcher signature	date