**INSTRUCTIONS:** Information provided throughout this form must be presented in sufficient detail relating to the research and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilities the prospective subject’s understanding of the reasons why one might or might not want to participate.

**THE CITY UNIVERSITY OF NEW YORK**

*<insert name of PI’s Affiliated CUNY College>*

*<insert name of PI’s Department>*

*ORAL AND INTERNET-BASED* **INFORMED CONSENT SCRIPT**<revise text above to reflect consent process used>

**Title of Research Study:** <enter title of study here>

**Principal Investigator:** <enter name and degree(s) of PI here>

 <enter CUNY title of PI here>

|  |  |  |
| --- | --- | --- |
| **Faculty Advisor:**  |  | *<enter name and degree(s) of Faculty Advisor here, when applicable>*  |
|  |  | *<enter CUNY title of Faculty Advisor here>* *<enter name of Faculty Advisor’s CUNY campus, if different from one listed in consent form heading above>* *<enter name of Faculty Advisor’s department, if different from one listed in consent form heading above>*   |
| **Research Sponsor**:  | *<enter name of research sponsor/funder, if applicable>*  |

<Insert any introductory remarks>.

You are being asked to participate in this research study because <explain why the participant is eligible to participate>. The purpose of this research study is to <insert simple description of purpose and the reason why one might or might not want to participate>.

* If you agree to participate, we will ask you to <insert brief description of research procedure(s) and how long each will take>. <If procedures will be audio or video recorded or photographed, be sure to indicate which procedures will be recorded and for what purpose.>
* <If the research involves randomization> Randomization is a procedure used to assign research participants by chance to one of two or more groups. It is used to make sure that study results are not influenced by the selection of participants in one group as compared to another. In this research, you have a <x> chance of being assigned to one of the following groups: <define each group and related procedures>.
* <Insert statement to explain research related risks>.
* <Insert statement to explain the benefits to the prospective subject or to others that may be expected from the research>.
* <Insert statement to explain the appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the prospective subject>.
* <Describe any payment that the participants may receive for their participation, and indicate when the payment will be made, OR state: You will not receive any payment for participating in this research study.>
* <Insert statement to explain what information will be recorded about participants and how confidentiality will be maintained>.
* <***If the research involves collection of identifiable private information or identifiable biospecimens****,* ***you MUST*** *include one of the following:*>
	+ We might remove identifiers from the information (or biospecimens (include biospecimens only when applicable)) collected from you as part of this study and use it for future research studies or distribute it to another investigator for future research studies without additional informed consent.

*OR*

* + The information (or biospecimens (include biospecimens only when applicable)) we collect from you as part of this study will not be used or distributed for future research.

Your participation in this research is voluntary. If you have any questions, you can contact <insert researcher name and contact information>. If you have any questions about your rights as a research participant or if you would like to talk to someone other than the researchers, you can contact CUNY Research Compliance Administrator at 646-664-8918 or HRPP@cuny.edu.

**Consent Statements for Participants:**

Do you consent to participate in the research?

\_\_\_ YES, I AGREE to participate in the research

\_\_\_\_ NO, I DO NOT AGREE to participate in the research

*<Only include this section if you plan to audio record, video record or photography study participants as part of this is research>*

If you agree to audio recording/video recording/photography *[only include those that apply],* please indicate either one of the following:

\_\_\_\_\_\_\_\_\_ I agree to audio recording/video recording/photography *[only include those that apply].*

**\_\_\_\_\_\_\_\_\_** I do **NOT** agree to audio recording/ video recording/photography *[only include those that apply]*.

*<Only include this section if you plan to store and/or share data for future research. Revise to be applicable to your study.>*

Please indicate if you would permit the researchers to store and/or share your *<describe data to be stored/shared> for* future research.

\_\_\_\_\_\_ I agree to allow my *<insert data type>* to be stored for future research by the researchers of this study.

\_\_\_\_\_\_ I agree to allow my *<insert data type>* to be shared with other researcher for future research.

\_\_\_\_\_\_ I do not agree to allow *<insert data type>* to be stored or shared for future research.