**Study Title:** [Insert study name]

**Principal Investigator:** [Insert the full name of one team member who will be the point of contact]

[Phone number, CMU e-mail address]

**Other Investigator(s):** [Insert the names of the remaining team members.]

**Faculty Advisor:**

Andrew Begel, Associate Professor, Software and Societal Systems, abegel@andrew.cmu.edu

Patrick Carrington, Assistant Professor, Human-Computer Interaction Institute, pcarrington@cmu.edu

**Project Client:** [Insert the name of the partner organization and its representative with whom you are working along with that person’s contact information]

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**Purpose of this Study**

The purpose of the study is to [Explain the purpose of your research and why it’s important to do the research.]

**Summary**

[Provide a concise and focused presentation of the key information that will assist the prospective participant to understand the reasons ***why they might or might not want to participate in the research***.]

**Procedures**

[Describe your research procedures. Provide a detailed description of any procedures expected to be performed on or by the participants]

[If applicable, describe any use of **video and/or audio recording** that may occur during the study. Also explain how you intend to use these recordings and who will be given access to the recordings]

[Insert the expected **duration** of participation in the study. Indicate the **location** where research will be performed so that participants may estimate travel time]

**Participant Requirements**

[List any requirements for inclusion of participants in the study. Include any specific age requirement.

**Risks**

[If true, you may say “The risks and discomfort associated with participation in this study are no greater than those ordinarily encountered in daily life or during [Insert routine activity that is the same or similar to the study tasks.]] If study has specific potential risks beyond “daily life”, include a description of the specific risks and discomforts that may be associated with participation in the study]

**Benefits**

There may be no personal benefit from your participation in the study but the knowledge received may be of value to humanity. [Or delete the previous statement and insert description of benefits applicable to the study. Do not overstate the potential benefits of study participation.

**Compensation & Costs**

There is no compensation for participation in this study.

There will be no cost to you if you participate in this study. [If applicable, delete the previous statement and list any costs associated with participation in the study]

**Future Use of Information** [If applicable, provide a statement that explains how you will use the participant’s data (information) in a future research study.]

In the future, once we have removed all identifiable information from your data (information or bio-specimens), we may use the data for our future research studies, or we may distribute the data to other investigators for their research studies. We would do this without getting additional informed consent from you (or your legally authorized representative). Sharing of data with other researchers will only be done in such a manner that you will not be identified.

**Confidentiality**

By participating in the study, you understand and agree that Carnegie Mellon may be required to disclose your consent form, data and other personally identifiable information as required by law, regulation, subpoena or court order. Otherwise, your confidentiality will be maintained in the following manner:

Your data and consent form will be kept separate. Your research data will be stored in a secure location on Carnegie Mellon property. By participating, you understand and agree that the data and information gathered during this study may be used by Carnegie Mellon and published and/or disclosed by Carnegie Mellon to others outside of Carnegie Mellon. However, your name, address, contact information and other direct personal identifiers will not be mentioned in any such publication or dissemination of the research data and/or results by Carnegie Mellon. Note that per regulation all research data must be kept for a minimum of 3 years.

[Indicate here whether annotation services will be used. Specify whether the annotator will be bound by a confidentiality agreement or if annotation will be crowdsourced.]

[Describe any other positive measures taken to protect the participant’s privacy and the confidentiality of research data (i.e. recording data by assigned numbers, no participant names, encryptions, etc.]

**SUGGESTED LANGUAGE**: *The researchers will take the following steps to protect participants’ identities during this study: (1) Each participant will be assigned a number; (2) The researchers will record any data collected during the study by number, not by name; (3) Any original recordings or data files will be stored in a secured location accessed only by authorized researchers*. [**Please note that this is suggested language only. You should revise this language as necessary to accurately describe all the procedures you will use to protect participants’ confidentiality.**]

[If applicable, describe how the participant’s confidentiality will be maintained with regard to the use of any video and/or audio recordings]

**Optional Permission**

[If you are not recording any audio or video or if you have no plans to publicly disclose these recordings, delete this entire section.]

I understand that the researchers may want to use a short portion of any video or audio recording [include only the type to be done in this study] for illustrative reasons in presentations of this work for scientific or educational purposes. I give my permission to do so provided that my name [and face] will not appear.

[Be sure the language covers all your intended uses. For example, if you intend to post clips on the internet or use the recordings in some other manner, you will need to change the language to reflect your intentions.]

Please initial here: \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

**Rights**

Your participation is voluntary. You are free to stop your participation at any point. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The Principal Investigator may at his/her discretion remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights which you might otherwise be entitled.

**Right to Ask Questions & Contact Information**

If you have any questions about this study, you should feel free to ask them now. If you have questions later, desire additional information, or wish to withdraw your participation please contact the Principal Investigator by mail, phone or e-mail in accordance with the contact information listed on the first page of this consent.

If you have questions pertaining to your rights as a research participant; or to report concerns to this study, you should contact the Faculty Advisors listed on the first page.

**Conflict of Interest**

[In this section, please disclose any conflict of interests the researchers may have with this research study, including but not limited to, financial conflicts of interests. If there are no conflicts of interest, please delete this section.]

**Voluntary Consent**

By signing below, you agree that the above information has been explained to you and all your current questions have been answered. You are encouraged ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study. A copy of the consent form will be given to you.

PRINT PARTICIPANT’S NAME

PARTICIPANT SIGNATURE DATE

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

SIGNATURE OF PERSON OBTAINING CONSENT DATE