**Consent Form for Participation in a Research Study**

**Shawnee State University**

1. Study Title:

2. Location of Study:

3. Investigators:

4. Purpose of the Study:

5. Population to be Studied:

6. Number of subjects:

7. Study Procedures:

8. Benefits:

9. Risks:

10. Right to Refuse: Subjects may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.

11. Privacy: Results of the study may be published, but no names or identifying information will be included in the publication. Participant identity will remain confidential unless disclosure is required by law. All documents will be stored in (describe secure or locked location) for a period of 3 years, at which point the documents will be destroyed.

12. Signatures: I verify that I am 18 years of age or older. The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators listed above. If I have questions about subjects' rights or other concerns, I can contact the Associate Provost, Institutional Review Board, (740) 351-3299. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Signature of Subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_