

## INFORMED CONSENT STATEMENT

### **The Impact of ABC on ZXY in Young Adults**

**Student Researcher: Jane Doe**

Jane.Doe@my.ccsu.edu

**Faculty Advisor: Dr. John Smith**

JSmith@ccsu.edu

**1. Invitation to Participate and Description of the Project.** My name is Jane Doe, and I am a doctoral student at CCSU conducting my dissertation under the guidance of Dr. John Smith. You have been invited to participate in my study investigating how ABC affects XYZ in young adults. Your participation in the research study is voluntary. Before agreeing to be a part of this study, please read the following information carefully.

**2. Description of Procedure.** If you agree to participate in this study, you will be asked to complete an initial survey online which is expected to take no more than 10 minutes. You will then be asked to watch ABC for about 15 minutes (the link will be available at the end of the survey). Finally, you will complete the same survey a second time.

**3. Risks and Inconveniences.** It is expected to take you 25 to 35 minutes to complete your participation. The only other potential anticipated risk is that some people may experience eye strain watching ABC online for 15 minutes. You may, at any time, pause the video if you feel the need to do so.

**4. Benefits.** There are no expected benefits to you, but we hope that the results will lead to a better understanding of ABC and how it might influence XYZ, which may lead to better interventions for people living with XYZ.

**5. Financial (or other) considerations:** You will receive 1 SONA credit for your participation.

**6. Confidentiality.** We will not be collecting any personally identifying information. The information you provide will be anonymous. Your anonymity will be kept to the degree permitted by the technology being used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties. We suggest that you close your browser window after participation and clear your cache.

**INFORMED CONSENT STATEMENT**

The data collected may be used as part of publications and papers related to this topic, but no identifying information will be published. We will only publish data in aggregate form.

**7. Voluntary Participation.** Your participation in this study is entirely voluntary. You may refuse to participate in this research; such refusal will not have any negative consequences for you. If you begin to participate in the research, you may skip questions or discontinue your participation without any negative consequences at any time.

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**Authorization:** I have read the above information and I have decided that I will participate in the project described above. If I choose not to participate there will be no penalty. I understand that I can stop participating at any time, even after I have started. **I agree to participate in the study. My signature below indicates that I have read the above information and that I am at least 18 years of age.**

Participant’s signature \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Researcher signature \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

The participant will be given one copy of this consent form. One signed copy of this form is to be kept by the investigator.

If you have further questions about this research project, please contact the student researcher Jane Doe at [Jane.Doe@my.ccsu.edu](mailto:Jane.Doe@my.ccsu.edu) or the faculty advisor Dr. John Smith at [JSmith@ccsu.edu](mailto:JSmith@ccsu.edu). If you have questions about your rights as a research participant or if you have research related complaint, please contact the IRB Office at (860) 832-1938 or [irb@ccsu.edu](mailto:irb@ccsu.edu).