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**INFORMED CONSENT COVER LETTER TEMPLATE**

(No signature required of subject, usually used with anonymous surveys.)

*Note: One of the most common reasons for delay of IRB approval is an inadequate informed consent. It is recommended that you follow this template, write in the 2nd person, use #12 font size (this is 12) and target a sixth to eighth grade reading level. Statements in bold type should be included verbatim; however, they do NOT need to be in bold type in your consent agreement. You may write this as a letter, but make sure to include the information listed below.*

**University of Central Arkansas**

**Informed Consent Cover Letter**

**Your Research Title Here**

[If including the exact title might bias the results, use a general title instead.]

**You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information to be sure you understand what you will be asked to do.**

**Investigators**

Provide the names and degrees of all investigators involved in the research study. Indicate the department and institution with which the investigator(s) is affiliated. If you are a student, include the name and phone number of your research advisor. Also provide the UCA address and phone number. *If you are a student, please do not list your personal phone number or email address.*

**Purpose of the Research**

This research study is designed to . . . [state what the study is designed to assess or study].

The data from this research will be used to . . . [explain how data will be used].

If you are a student, indicate how the results will contribute to your course of study.

**Procedures**

If you volunteer to participate in this study, you will be asked to . . . [describe what subject will do using lay language]. If the description is complicated, use bulleting or a list.

Your participation will take approximately . . . [amount of time in minutes, hours].

**Potential Risks or Discomforts**

DO NOT state that there are no risks or discomforts. You may say there are no foreseeable risks associated with the study. Describe any reasonable foreseeable risks, discomforts, inconveniences, or costs associated with this research the subjects may encounter.

**Potential Benefits of the Research**

Describe any benefits the subjects can expect as a result of participating in the study. If there are no benefits to the subjects, state this. Describe any potential benefits to science/society that may result from this research.

**Confidentiality and Data Storage**

Describe the precautions taken to preserve the confidentiality/privacy of subjects. If confidentiality will NOT or CANNOT be maintained, state this and explain.

Include the procedures for using and storing data (e.g., in Dr. X’s office) and include who will have access to the data [e.g., the investigator and advisor]. [It must be stored at UCA for at least 3 years after completion of the study].

**Participation and Withdrawal**

**Your participation in this research study is voluntary. You may refuse to participate or stop participation at anytime without penalty. To stop. . . [tell how, e.g., simply stop answering the questions, turn in an incomplete survey, tell the investigator].**

**Questions about the Research**

**If you have any questions about the research, you may contact . . . [name, UCA phone, email, mailing address – whatever is appropriate to your study]**. *If you are a student, please do not list your personal phone number or email address.*

**This research project has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects at the University of Central Arkansas.**

**I have read the information provided above. I understand that . . . [by returning a completed questionnaire/survey or by agreeing to be interviewed, etc.], I am agreeing to participate in this research study.**

**KEEP THIS INFORMED CONSENT COVER LETTER FOR YOUR RECORDS.**

*Investigator signature and date – optional, but a nice touch*