

## HUMAN SUBJECTS ASSENT FORM

I, \_\_\_\_\_, agree to participate in the study on [insert title here]. This study is led by [researcher's name, business address, and telephone number; student researchers may use their own information and that of their faculty advisor].

The researcher has explained to me:

1. The reason for the study is: [Give a short justification].
2. The research involves: [Briefly describe the course of action that will happen to the participant, including time and place. In clinical studies involving experimental treatments, identify parts that are new or experimental, and indicate how they differ from other procedures that could be followed. Include a statement regarding the amount of time you expect it will take participants to complete assigned tasks.]
3. The reasons that I might feel uncomfortable during the study: [If none, so indicate].
4. The risks of the study: [List all potential physical, psychological, social, or legal risks. If there are no known risks, so indicate. If risks exist, list the steps to be taken if harm should come to the participant, including any availability of medical treatment if needed].
5. The possible benefits of the study: [list specific benefits to the participant, if any; if none, so indicate].
6. Payment includes: [If participants will be paid, state the amount and distribution schedule. If participants will not be paid, state this.]
7. Rewards for participating will be: [If participants will be provided with an incentive, state the type and distribution schedule. If participants will not be provided with incentives, state this.]

8. Participation will be [anonymous or confidential. If there are any limits to confidentiality, state these here. Describe procedures for storing data securely and describe who, if anyone other than you, will have access to the data.].
  
9. Participation in the research is by choice. You can stop participating at any time without penalty.
  
10. You may ask questions about this study by contacting the researcher at [include contact information here]. You may also contact the researcher's advisor, [Name of Research Instructor], at [Instructor's office number].
  
11. A copy of this paper must be given to you.
  
12. The investigator has a right to publish research results. Your name will not appear in any of the research.

THIS RESEARCH STUDY HAS BEEN REVIEWED AND APPROVED BY THE HUMAN SUBJECTS COMMITTEE AT THE UNIVERSITY OF ST. THOMAS. For additional information concerning your rights as a human subject, please contact Dr. Dominic Aquila, Vice President of Academic Affairs, (713) 525-2164.

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Signature of Researcher, Date

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Signature of Participant or authorized representative, Date