**Texas Christian University**

**Fort Worth, Texas**

**CONSENT TO PARTICIPATE IN RESEARCH**

**Title of Research:**

**Funding Agency/Sponsor:**

**Study Investigators:**

**What is the purpose of the research?**

**How many people will participate in this study?**

**What is my involvement for participating in this study?**

**How long am I expected to be in this study for and how much of my time is required?**

**What are the risks of participating in this study and how will they be minimized?**

**What are the benefits for participating in this study?**

**Will I be compensated for participating in this study?**

**What is an alternate procedure(s) that I can choose instead of participating in this study?**

**How will my confidentiality be protected?**

**Is my participation voluntary?**

**Can I stop taking part in this research?**

**What are the procedures for withdrawal?**

**Will I be given a copy of the consent document to keep?**

**Who should I contact if I have questions regarding the study?**

**Who should I contact if I have concerns regarding my rights as a study participant?**

Dr. Cathleen Cox, Chair, TCU Institutional Review Board, Phone 817-257-6418.

Dr. Bonnie Melhart, TCU Research Integrity Office, Telephone 817-257-7104.

Your signature below indicates that you have read or been read the information provided above, you have received answers to all of your questions and have been told who to call if you have any more questions, you have freely decided to participate in this research, and you understand that you are not giving up any of your legal rights.

**Participant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**