**\*\*NOTE TO RESEARCHERS: ALL ITALICIZED RED LANGUAGE, INCLUDING THIS PARAGRAPH, IS INTENDED AS A GUIDE FOR INVESTIGATOR USE IN DESIGNING A CONSENT FORM, AND SHOULD BE REMOVED PRIOR TO SUBMISSION, ONCE STUDY SPECIFIC LANGUAGE HAS BEEN INSERTED.**

Confidential

**INFORMATION SHEET FOR PARTICIPANTS IN EXEMPT RESEARCH**

***[Study Title]***

***[Principal Investigator Name]***

***[Faculty Advisor]***

***[Contact Information for FA]***

Purpose:

The purpose of this research is to (*describe the research purpose, i.e. examine the relationship between use of alcohol and levels of depression in a sample of college students*).

Duration:

Participation in this study will consist of (*explain what participation entails, i.e. filling out 20 questions that should take approximately 20 minutes to complete*).

**Location**:

*(Indicate where/how participation will occur. (i.e. at the participant’s convenience via a computer with an Internet connection and a web browser.  Please note that completing the survey in a public location may allow others to see your responses.  We recommend that you complete the survey in a private setting such as your dorm room, but encourage you to take precautions against others seeing your responses should you complete the survey in a public location.))*

Inclusion and Exclusion Criteria:

Participants for this study are being recruited from *(i.e.* *undergraduate classes at Saint Joseph’s University.*

*You should not participate in this study if you are under the age of 18*).

**How You were Chosen**

*Specify the method used in selecting a sample for your research. Example: Your e-mail address was chosen randomly via the registrar’s office from the Saint Joseph's University student body.*

**Risks and Discomforts**:

The risks and discomforts involved in this study are *(believed to be negligible, no more than minimal, state known or possible risks if any, greater than minimal)*. *Subject’s may experience some discomfort in answering questions about “state the topic of your research”*

As with any study, you should be aware that unforeseen problems may occur, however, the likelihood of any serious problem is believed to be low. Your participation is voluntary, and you may refuse to participate or stop your participation at any time for any reason without penalty. You may choose to skip a question or terminate participation at any time.

**Available Counseling Resources :**

*Counseling Resources need not be included in all cases. Where NO foreseeable physical and/or mental stress, or risk, is involved, REMOVE THIS HEADING.*

*- When there is potential risk and the research population includes SJU students, please include the following resource:*

*The SJU Counseling Center can be reached at (610) 660-1090 and is located in Merion Gardens in room A504 if you feel the need to discuss the feelings brought up by this topic.*

*- Identification and inclusion of alternate counseling resources, APPROPRIATE TO THE RESEARCH POPULATION AND NATURE OF THE RESEARCH, is the responsibility of the investigator. Consideration of an appropriate choice and the level of risk involved will be part of the IRB review process.*

**Use of Research Results**:

*Detail the intended use of data collected. (Example: The data obtained in this study will be used by the investigator in completing a research project for a senior thesis. Data may be used in publications, presentations and/or for teaching purposes.)*

**Confidentiality**

*Detail plans for maintaining participant confidentiality. Anonymity may only be promised when NO direct OR indirect identifiers are collected by the investigator. (Example for confidentiality with a web-based student survey: Your e-mail address and the survey number will be stored in a database to ensure that you are listed as having participated in the survey (even if you choose not to participate or terminate participation at any time).   Your survey responses will be stored in another database, without any identifying information.  Since your name or student ID cannot be linked to your responses or choice to participate, your participation choice and responses are completely confidential).*

**Exempt Review:**

This research study has been reviewed by human research protections program staff and determined to meet exemption criteria set forth in federal regulations. If you believe that there is an infringement upon your rights as a participant in this research you may contact the IRB Administrator at irbadministrator@sju.edu.

# Subject’s Agreement

I have read the information provided above and voluntarily agree to participate in this research study. I understand that I will be given a copy of this consent form.

I agree