INFORMED CONSENT TO TAKE PART IN RESEARCH

*Consent Version Jan 2019*

*This consent is appropriate for research involving interviews/focus groups. If you are requesting for IRB approval for Waiver of Documentation of Consent, delete the signature section*. Delete these instructions and replace all text in blue with study specific information before submitting to CPHS.

**Study Title:** <Add your study title here>

**Study Sponsor:**  <Delete this line if your study is not sponsored>

**Principal Investigator:** <PI Name, degree, short title>

**Study Contact:** <XXX-XXX-XXXX. If study contact person is different from PI, write the name of study contact here>

We are inviting you to be in a research study conducted by investigators at the University of Texas Health Science Center at Houston. We are studying <purpose of the study>.

If you agree to be in our study, we will ask you to <describe study procedures>. You do not have to be in the study if you do not want to; it is your choice. You can change your mind at any time and there will be no penalty. Your total time commitment is expected to be about <number of visits, duration of each visit and duration of participation in study>.

You do not have to share any information that you are not comfortable sharing. You can stop the participating in conversation at any time. Some people may be upset or angry if they hear others in the focus groups expressing views different from their own.

We will be careful to keep your information confidential and we will ask you and all the focus group members to keep the discussion confidential as well. There is always a small risk of unwanted or accidental disclosure. We plan to record the interviews and the focus group sessions with your permission. Any notes, recordings, or transcriptions will be kept private by <PI Name>. Any digital files will be encrypted and password protected. You can decide whether you want your name used.

If you have any questions about this study please call <Study Contact> at XXX-XXX-XXXX. If you have any complaints, suggestions, or questions about your rights as a research volunteer, please contact the UTHealth Committee for the Protections of Human Subjects (CPHS) at 713-500-7943.

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| Printed Name of Person Obtaining Informed Consent |  | Signature of Person Obtaining Informed Consent |  | Date |