

# CONSENT FORM EXAMPLE # 1

## STUDY DETAILS:

**CONSENT TYPE:** STANDARD WRITTEN

**LOCATION:** ON CAMPUS

**PARTICIPANTS:** TUFTS STUDENTS OVER 18

**COMPENSATION:** CASH

## EXAMPLE ONLY - DO NOT COPY VERBATIM

**CONSENT FORMS MUST BE APPLICABLE TO YOUR PARTICULAR RESEARCH QUESTION AND METHODOLOGY**

---

**TUFTS UNIVERSITY DEPARTMENT OF PSYCHOLOGY**

**CONSENT TO PARTICIPATE IN RESEARCH STUDY**

**PRINCIPAL INVESTIGATOR:** Mary Brown, Ph.D.

### **CONTACT DETAILS:**

Room 664

Psychology Department

490 Boston Ave,

Medford, MA 02144

Tel: (617) 627-5555

Email: [mary.brown@tufts.edu](mailto:mary.brown@tufts.edu)

**STUDY TITLE:** It's all about Memory!

**PURPOSE AND DURATION:** This study involves research on human memory. Specifically the purpose of this study is to investigate memory accuracy. We expect that it will take approximately 1 hour of your time.

**PROCEDURES:** You will be presented with lists of words, and later your memory for these words will be tested.

**RISKS AND DISCOMFORT:** There are no foreseeable risks or discomfort associated with this study.

**BENEFITS:** There are no direct benefits to you besides the educational experience of participating in the study. However, we expect that the results of this study will add to the body of knowledge on human memory.

**CONFIDENTIALITY:** The results of this study may be published in a scholarly book or journal, presented at professional conferences or used for teaching purposes. However, your name and other identifiers will not be used in any publication or teaching materials.

**COMPENSATION:** You will receive \$10 for participating in this study.

**REQUEST FOR MORE INFORMATION:** You may ask more questions about the study at any time. Please e-mail the principal investigator at [mary.brown@tufts.edu](mailto:mary.brown@tufts.edu) or telephone (617) 627-1234 with any questions or concerns about the study. In addition, you may contact Lara Sloboda at the Office of the Institutional Review Board at (617) 627-3417.

**WITHDRAWAL OF PARTICIPATION:** Your participation is voluntary. Should you decide at any time during the study that you no longer wish to participate, you may withdraw your consent and discontinue your participation without penalty or loss of benefits.

**SIGNATURE:** I confirm that I understand the purpose of the research and the study procedures. I understand that I may ask questions at any time and can withdraw my participation without prejudice. I have read this consent form. My signature below indicates my willingness to participate in this study.

---

Participant Signature

Date

---

Printed Name of Participant

---

Researcher Signature

Date

---

Printed Name of Researcher