UNITED STATES MILITARY ACADEMY
CONSENT TO PARTICIPATE IN RESEARCH

Study Title: **INSERT TITLE OF THE STUDY. IF THE STUDY INVOLVES USING DIFFERENT CONSENT FORMS FOR DIFFERENT POPULATIONS, IDENTIFY THE POPULATION GROUP AS THE SUBTITLE OF THE STUDY.**

You are asked to participate in a research study conducted at **Insert the study site by name(s) of investigator(s).** Your participation in this study is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

**PURPOSE OF THE STUDY**
State what the study is designed to discover or establish.

**EXPECTED DURATION OF PARTICIPATION**
Specify the total length of time the subject is expected to participate and the frequency and length of time required for the subject to participate in multiple procedures.

**PROCEDURES**
If you volunteer to participate in this study, we would ask you to do the following things:

Describe the procedures chronologically. If applicable, distinguish which procedures are experimental. Include any screening evaluations and inclusion/exclusion criteria. Specify assignment to study groups and randomization procedures, if applicable.

**POTENTIAL RISKS AND DISCOMFORTS**
Identify each procedure and then describe any reasonably foreseeable risks, discomforts, inconveniences (physiological, psychological, social, legal, economical), and how these will be minimized. Quantify risks using understandable comparisons.

**ANTICIPATED BENEFITS**
Describe the anticipated direct benefits to subjects or others resulting from the research. If consent will be obtained from a legal representative of the subject, the direct benefit to the subject must be elaborated in the consent form.

**MEDICAL CARE FOR RESEARCH RELATED INJURY**
The following is a required element of informed consent for research involving greater than minimal risk. If not greater than minimal risk, state "N/A"

CONFIDENTIALITY

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

Describe how personal identities will be shielded, disguised, etc. Give a brief description of how personal information, research data, and related records will be coded, stored, etc. to prevent access by unauthorized personnel.

If any other uses are contemplated, explain how specific consent will be solicited. If applicable, state if and when individual responses to survey questionnaires will be destroyed following analyses of the data.

Authorized representatives of the U.S. Army Human Research Protection Office may need to review records of individual subjects. They may or may not see your identifiable information, if collected, but they are bound by rules of confidentiality not to reveal your identity to others.

COMPENSATION FOR PARTICIPATION

State whether the subject will be paid or offered other benefits (e.g., extra course credit, free care). If not, state so.

Payment Details (if applicable): If the subject will receive payment, describe remuneration amount, when payment is scheduled, and prorated payment schedule should the subject decide to withdraw or be withdrawn by the investigator.

Reimbursement Details (if applicable): If the subject will be reimbursed for expenses such as parking, bus/taxi, etc., state so.

Note: Under 24 CFR 30, payment for participation to active duty military personnel is limited to blood donation and may not exceed $50 per blood draw. Active duty research subjects may not receive any other payment for participation in a research study.

PARTICIPATION AND WITHDRAWAL BY YOU

Your participation in this research is voluntary. If you choose not to participate, that will not affect your relationship with investigators, the United States Military Academy or your right to health care or other benefits or services to which you are otherwise entitled.
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without prejudice.

**WITHDRAWAL OF PARTICIPATION BY THE INVESTIGATOR**

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. The investigator will make the decision and let you know if it is not possible for you to continue. The decision may be made either to protect your health and safety, or because it is part of the research.

**USE OF DATA**

Briefly explain how the data will be stored and who will have access to it.

The data collected may also be used for further research in the future. If it is used, it will be de-identified and none of the findings will be traceable back to you.

**NEW FINDINGS**

During the course of the study, you will be informed of any significant new findings (either good or bad), such as changes in the risks or benefits resulting from participation in the research or new alternatives to participation, that might cause you to change your mind about continuing in the study. If new information is provided to you, your consent to continue participating in this study will be re-obtained.

**POINTS OF CONTACT**

In the event of a research related injury or if you experience an adverse reaction, immediately contact the following:

If you have specific questions about the conduct of the research, please contact one of the investigators listed below.

Identify the point(s) of contact. Include the daytime telephone numbers and addresses. For greater than minimal risk studies, include night/emergency telephone numbers.

If you have any questions about your rights as a volunteer in the research, please feel free to contact the USMA Human Protections Administrator at (845) 938-7385.

**RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.
SIGNATURE OF RESEARCH SUBJECT
I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form.

________________________________________
Name of Subject

________________________________________
Signature of Subject Date

________________________________________
Address

SIGNATURE OF WITNESS
My signature as witness certifies that the subject signed this consent form in my presence as his/her voluntary act and deed.

________________________________________
Name of Witness

________________________________________
Signature of Witness Date (same as subject’s)