

Informed Consent Form (4B)

Required for all subjects when more than minimal risk is determined by the IRB;
Strongly recommended for all projects involving human subjects. Use a separate form for each test subject.

Student Researcher's Name _____ Grade _____

School, City & State _____

Title of Project _____

To be completed by Student Researcher:

- 1) What are the research procedures in which the subject will be involved?

- 2) What are the possible discomforts or risks that may reasonably be expected by participating in this research?

- 3) What procedures will be used to minimize risks?

Attention: This project has been reviewed and approved by an Institutional Review Board.

_____	_____	_____
Institutional Review Board Chair Printed Name	Signature	Phone
_____	_____	_____
Adult Sponsor's Printed Name	Signature	Phone
_____	_____	_____
Qualified Scientist's Printed Name	Signature	Date Signed
(Required if more than minimal risk designated by the IRB)		
_____	_____	_____
Title	Institution	Phone

To be completed by human subject prior to experimentation:

- I have read and understand the conditions stated above, and I consent to participate in this research procedure. I realize I am free to withdraw my consent and to withdraw from this activity at any time.
- I consent to use of visual images (e.g., photographs, videographs) involving my participation in this research project.

_____	_____	_____
Participant's Printed Name	Signature	Date Signed

When informed consent is required and participant is under 18, parent/guardian signature is required.

I have received and reviewed a copy of any test, survey or questionnaire used in the research.

Yes No

_____	_____	_____
Parent's/Guardian's Printed Name	Signature	Date Signed