**Adult Informed Consent Form Template**

*[Title of Study*]

**Introduction**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am a *[research assistant/ professor]* in the *[Name of Department, Name of Faculty/ Institute]* at the University of Macau. I am doing a research study *[or if research assistant: I am working with my teacher, Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on a research study]*, and I am *[We are]* planning to conduct a research study, which I invite you to take part in.

You are being invited to participate in this study because *[specify reason why prospective subject is being recruited for study].*

**Purpose**

The purpose of this study is to *\_\_\_\_\_\_\_\_\_\_. [Give brief explanation of why study is being done, using one or two sentences written in clear language understandable to the target population].*

**Procedures**

If you agree to be in this study, you will be asked to do the following: *[List and describe procedures/ tests/ activities chronologically and setting, and amount of time needed for each procedure. Also note* total *amount of time required for study participation, at the beginning or end of this section.]*

*[List procedures and activities as appropriate. Use bulleted format. See examples below.]*

* You will be asked to view two 15-minute videotapes; one will be of pleasant content and the other of unpleasant content.
* After viewing both videotapes, you will take part in a focus group discussion led by \_\_\_\_\_\_\_ or \_\_\_\_\_\_\_. Everyone in this focus group will have viewed the tapes. You and the other group members will be asked to discuss reactions to scenes in both tapes. An audiotape will be made of this discussion, which is expected to last about 30 minutes.
* You will then be given a questionnaire that asks about your reactions to the videotapes. It should take about 15 minutes for you to complete this questionnaire.
* You will also be given a standard paper-and-pencil personality test. It should take about one hour for you to complete this test.
* *[Explain any follow-up procedures, including timing of each.]*

**Study time:** Study participation will take a total of *approximately two hours*.

**Study location:** All study procedures will take place at \_\_\_\_\_\_\_\_\_\_\_. *[If different procedures will take place at different locations, specify accordingly]***.**

**Benefits**

*[Explain possible benefits appropriate to the study, both direct (individual) and indirect (general benefits to society or scientific knowledge), e.g.:]*

There is no direct benefit to you anticipated from participating in this study. However, it is hoped that the information gained from the study will help… [*e.g.,* *gaining valuable information to better understand / learn more about* \_\_\_\_\_\_\_\_\_\_\_.*]*

**Risks**

*[List risks and discomforts as appropriate. Use bulleted format. See examples below.]*

* Some of the videotapes are likely to produce unpleasant feelings, but you will be able to stop watching at any time if you feel too uncomfortable.
* Some of the focus group discussion questions may make you uncomfortable or upset, but you are free to decline to answer any questions you do not wish to or to leave the group at any time.

**Compensation**

In return for your *time/ effort/ travel expenses*, you will be given a small gift for taking part in this study. *[DO NOT LIST THE VALUE OR AMOUNT OF THE GIFT. If other forms of compensation are offered, such as course credit, list here.]*

*[OR, if there will be no payment:]*

You will not be compensated for taking part in this study.

**Confidentiality**

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used *[if appropriate, add phrase such as "unless you give explicit permission for this below"].*

To minimize risks to confidentiality, we will... *[Explain data security measures to be taken, e.g., coding, encryption, limited access to study records, etc.]*

***Retaining research data:***  When the research is completed, I may save the *[samples*/ *tapes and notes/ study records]* for use in future research done by myself or others. I will retain this study information for up to *XX* months/years after the study is over. The same measures described above will be taken to protect confidentiality of this study data. *[Or if different, give accurate information about retention and use of study data in future, e.g., "I will destroy the samples/ tapes and notes/ study records at the end of this study."]*

Voluntary Nature of Study and Rights as Participant

***Participation in research is completely voluntary****.* You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

Contacts and Questions

If you have any questions or concerns about this study, you may contact \_\_\_\_\_\_\_\_\_\_\_ [Principal Investigator or Research Assistant’s name(s)] at \_\_\_\_\_\_\_\_\_\_\_ [phone number(s)] or [email@umac.mo].

*Please keep the attached copy of this form for your record.*

# STUDY PARTICIPATION CONSENT

NOTE: PARTICIPANTS CONSENT TO EACH PROCEDURE. FOR THE ABOVE EXAMPLE, THEY SHOULD AGREE TO CONSENT TO THREE PROCEDURES:

1. PARTICIPATING IN THE STUDY (watching video tapes, focus groups, and survey)
2. COLLECTING AND RETAINING RESEARCH DATA IN THE STUDY, AND
3. HAVING THEIR TALK AUDIO RECORDED

Do you agree to participate in this study?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Please sign and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATA CONSENT**

Do you agree to the data collected from this study being used by the Principal Investigator for research, and findings presented and/or published within and outside Macao?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Please sign and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROCEDURES CONSENT** [Note: Add a check-off line for each procedure]

Do you agree to having your responses audio-recorded?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Please sign and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature Date