**Note to Researchers:** As part of the requirements of the **Common Rule** 2018 updates, the informed consent must begin with a concise and focused presentation of the “**key information**” that is most likely to assist a prospective research participant or legally authorized representative in understanding the reasons why one might or might not want to participate in the research.

This **key information** includes:

* Why the consent is being requested from the potential participant
* Clarifying that participation is voluntary
* The purpose of the research
	+ Duration of the participants participation
	+ Procedures that the participants will have to follow in the research
* Foreseeable risks/discomforts
* Potential benefits to prospective subject or others
* Appropriate alternative procedures or courses of treatment, if any, that may be advantageous to the prospective subject.

The template consent that SU IRB is providing below will guide researchers in these new considerations.

**INFORMED CONSENT TEMPLATE**

**[Title of Study]**

[Name of Researcher(s)], [affiliation with institution] at Salisbury University, is/are conducting a research study to [brief summary statement of the purpose of your research]. You are being asked to complete this survey because [brief statement of why you are recruiting this participant].

Participation is voluntary. [Insert statement of assurance that participant will not impact participants’ standing/relationship with Salisbury University and/or the research site/etc.] The survey will take approximately [insert estimated time range] to complete. [Discuss what is involved in the research, expected duration of the prospective subject’s participation, and procedures to be followed in the research.] You must be at least 18 years old to take this survey.

This study involves [summarize any foreseeable risks or discomforts to the prospective subject]. The benefits of this study include [summarize any benefits to the prospective subject or others that my reasonably be expected from the research]

As appropriate discuss any alternative procedures or courses of treatment, if any that may be advantageous to the prospective subject. Discuss how the information they provide is going to be used and how their anonymity/confidentiality is being protected.

(Researchers can add more information about the study here, but the **key information** needs to be presented first.)

If you have any questions or concerns feel free to contact [name of researchers/PI] at:

**[Insert Contact Information of Researchers/PI]**

**If you have any adverse effects or concerns about the research, please contact the primary investigator (provide contact information) or the Office of Graduate Studies and Research at Salisbury University at 410-548-3549 or toll free 1-888-543-0148. This research is approved by the Salisbury University’s IRB under protocol number (number will be provided).**

Signature consent (as applicable)