

# Informed consent

## Department of

### Title of Study:

### Investigator(s):

For questions or concerns about the study, you may contact       at **.**

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 888-581-2794 or via email at IRB@unlv.edu.**

Note: Please keep the statement in the box if conducting face-to-face. Delete this entire section if not conducting face-to-face.

***It is unknown as to the level of risk of transmission of COVID-19 if you decide to participate in this research study. The research activities will utilize accepted guidance standards for mitigating the risks of COVID-19 transmission: however, the chance of transmission cannot be eliminated.***

#### Purpose of the Study

You are invited to participate in a research study. The purpose of these study is      .

#### Participants

You are being asked to participate in the study because you fit this criteria:      .

#### Procedures

If you volunteer to participate in this study, you will be asked to do the following:

#### Benefits of Participation

There  be direct benefits to you as a participant in this study. However, we hope to learn      .

#### Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. *State the level of anticipated risks (i.e. you may become uncomfortable when answering some questions).*

***Note****: This is only applicable only if conducting face-to-face. Delete this section if not conducting face-to-face.* ***Please include the measures that will be put in place to mitigate the COVID-19.***

#### Cost /Compensation

There  be financial cost to you to participate in this study. The study will take       of your time. You  be compensated for your time.

#### Confidentiality

All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for       years after completion of the study. After the storage time the information gathered will be      .

#### Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

#### Participant Consent:

I have read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant Date

Participant Name (Please Print)

If your study includes the use of audio/video taping, you must include a separate signature line for the consent to audio or video tape. Otherwise, delete this section.

Audio/Video Taping:

Use language similar to:

I agree to be audio or video taped for the purpose of this research study.

Signature of Participant Date

Participant Name (Please Print)