



Informed Consent

1. **Study Title:**
2. **Investigator(s) Name and Title, Email Address and Telephone Number:**
3. **Date of Initial IRB Approval:** _____
4. **Purpose of this Study:**
5. **What Participants Will Experience in this Study:**
6. **Benefits of Participating:**
7. **Risks to Participants:**
8. **Expected Total Number of Participants:**
9. **Time of Participation:**
10. **Alternatives to Participation in the Study:**
11. **Right to Refuse to Participate:** Participation is voluntary and subjects may withdraw from this study at any time. There is no penalty or loss of benefits for refusing to participate or discontinuing participation.
12. **Participants' Right to Privacy:** [Provide explanation for how subjects' personal information will be protected.]
13. **Additional Information about this Study Not Indicated above:**
14. **Contact Person(s) for Questions about this Study:**
15. **Contact Person for Questions about your Rights as a Subject:**

Michael T. Dreznick, Ph.D., Chair
Franciscan Missionaries of Our Lady University Institutional Review Board (FranU
IRB)
5414 Brittany Drive
Baton Rouge, LA 70808
(225) 214-6982
irb@franu.edu

Signatures:

I have been fully informed about this study and all of my questions, if any, have been answered. I understand that additional questions regarding the study should be directed to investigators listed on this consent form.

I understand that if I have questions about my rights as a subject, or other concerns, I can contact the Chair of the IRB at Franciscan Missionaries of Our Lady University.

I agree with the terms above, acknowledge I have been given a copy of this consent form and agree to participate in this study. I understand that I have not waived any of my legal rights by signing this form and may discontinue my participation at any time. Also, I understand that the investigator may terminate the study at any time without my consent.

Signature of Subject

Date

Signature of Investigator

Date