**University of Mary Institutional Review Board (IRB)**

**Human Subjects Informed Consent Form for Primary Research**

**Study Title:** Click or tap here to enter text.

**Principle Investigator:** Click or tap here to enter text.

**Project Advisor:** Click or tap here to enter text.

**Explanation:**

Click or tap here to enter text.

**Risk and Discomforts:**

Click or tap here to enter text.

**New Information:**

Click or tap here to enter text.

**Benefits to Be Expected:**

Click or tap here to enter text.

**Confidentiality:**

Click or tap here to enter text.

**Contacts:**

Researcher:

Project Advisor:

UMary IRB Office:

[irb@umary.edu](mailto:irb@umary.edu)

University of Mary

Attn: IRB Office

7500 University Dr

Bismarck, ND 58504

**Freedom of Consent and Approval:**

Click or tap here to enter text.

**Voluntary Participation/Medical Treatment:**

My signature below acknowledges my voluntary participation in this research project. Such participation does not release the researcher, the University of Mary, or other agencies from their professional and ethical responsibilities to me. Potential risks from participation in this research project have been disclosed to me. I acknowledge that unforeseeable and/or unknown risks or discomforts may occur. In the event that medical treatment occurs as a result of normal participation in this research project, the University of Mary, or other agencies will not be responsible for my medical costs or other damages incurred in the absence of fault on their behalf.

**Signature(s):**

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| --- | --- | --- |
|  |  |  |
| Name (Printed/Typed) |  |  |
|  |  |  |
|  |  |  |
| Signature |  | Date |