**PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE (LAR) RESEARCH INFORMED CONSENT**

**(For use with protocols requiring LAR consent)**

**INSTRUCTIONS:** Remove these instructions before finalizing the consent form and submitting for IRB review. Modify the template to fit your study by replacing the open fields and highlighted text with your study specific information and deleting sections that do not apply.

**NOTE:** A legally authorized representative (LAR) is a person or entity allowed by law to give consent on behalf of someone who cannot consent for themselves. When using LAR consent, the IRB usually requires that the participant also provide “assent” when possible.

**NOTE:** Certain research projects may require additional consent statements. For example, study populations involving minors, elderly adults, and/or individuals with diminished physical or mental capacity may require a mandated reporter statement. Please review the “supplemental consent language” job aid on the ORC website before finalizing your consent form.

Study Title:

Researcher:

Faculty Research Advisor:

Program: Insert your school or program, followed by Southern Illinois University Carbondale (example: School of Education, Southern Illinois University Carbondale)

**KEY INFORMATION ABOUT THIS RESEARCH**

The key information that follows can help you learn more about this research project. It can also help you decide whether or not the person you represent should participate in the research. Please read the entire consent form or have someone read it with you. If there is anything that you do not understand, please talk to the researcher to have your questions answered before you agree to the participation of the person you represent.

**WHY ARE WE ASKING FOR YOUR PERMISSION?**

We are seeking your permission because you are the Legally Authorized Representative (LAR) of a person that we would like to include in this research study. A legally authorized representative is a person or entity allowed by law to give consent on behalf of someone who cannot consent for themselves.

**STUDY PURPOSE**

The purpose of this research is to (your purpose statement should be **brief** (a sentence or two) and **easy to understand** (avoid technical terms/academic jargon).

**DESCRIPTION AND TIME COMMITMENT**

If you choose to allow this person to participate in the research study, participation will take (state duration). The research activity includes (explain the scope of the research activity. For example: Participation includes five in-person recorded sessions during which the person you represent will be asked to practice a series of vocabulary words and take a vocabulary test).

**ELIGIBILITY**

To participate in this research, the person you represent must be (state any specific characteristics required for participation, such as age, etc.).

**PARTICIPATION IS VOLUNTARY**

Participation is voluntary. You may withdraw the participation of the person you represent at any time. You may skip any question or activity you do not wish them to participate in. Neither you nor the person you represent will be penalized if you choose for them skip parts of the study, not participate, or withdraw. If you do not want the person you represent to be in this study or wish to withdraw them from the study at any point, your decision will not affect services you or the person you represent receive from SIUC.

**NOTE:** If the research would occur when they are receiving other services, indicate what the person they represent would do if they choose not to participate in the research (for example: If you choose not to participate or withdraw, the person you represent will receive the same instruction [or services], but their data will not be not included in the research study).

To withdraw (explain how they can withdraw, for example, by contacting the research, stopping the interview, etc.). If you withdraw participation, already collected data (may be retained or will be discarded). Once the research data has been aggregated and analyzed, it may not be possible for the research team to remove collected data from the study.

**RISKS AND BENEFITS**

Risks associated with this research study include (describe in simple language; examples include social or economic risks (e.g. impact on social standing or employment), physical risks (e.g., nausea, muscle aches, rashes, or infection), and/or emotional risks (e.g., sadness or anxiety). **If there are no anticipated risks, state**: We do not anticipate any risks from participating in this research beyond those encountered in daily life).

We cannot guarantee or promise that you or the person you represent will receive any benefits from their participation in this research study. The reasonably expected benefits of participating in this research include (often there is no direct benefit to the participant. You may elect to describe expected benefits to society or scientific knowledge using this statement: Information from this research study may benefit other people now or in the future…” or “…We hope to learn more about …”).

**Note:** Receiving compensation is not a benefit.

**COMPENSATION** (remove this section if you are not offering incentives)

Participants [or their LAR] will receive (specify the **exact** compensation amount or de minimis gift).

**NOTE:** Researchers should contact Procurement, in advance, if they plan to use state or local funds to purchase incentives and/or the Sponsored Projects Office (for grant-funded research).

**PRIVACY, CONFIDENTIALITY, AND DATA SECURITY**

For all research projects: Research data will be stored securely, in compliance with Southern Illinois University Carbondale standards. We will make every effort to ensure that only authorized members of the research team have access to identifiable information, if collected. You should know that in some cases we may have to show your information or the information of the person you represent to other people. For example, university personnel, research sponsors, government officials, and/or safety monitors may need to review the research records to make sure the study is done in a safe and appropriate manner.

For research using online survey tools, include the following statement: When completing an online survey, it is possible, although unlikely, that unauthorized individuals could gain access to the responses of the person you represent. Third-party applications used in this study may have their own privacy and security policies that you can find on their website. No guarantees can be made regarding the interception of data sent via the Internet; however, we anticipate that participation presents no greater risk than everyday use of the Internet.

For research projects that collect identifiable data: Identifiable research records will be retained for (describe how long you will retain research records. Generally, this is 3 years after the study ends). After this period, identifiable records will be (**select one**: securely destroyed or de-identified and stored indefinitely).

**SHARING DATA COLLECTED FROM THIS RESEARCH**

De-identified data from this research study may be shared with the research community at large and used for future research projects without additional informed consent. For confidentiality, we will remove any personal information, if collected, that could identify the person you represent before files are shared with other researchers. Despite these measures, we cannot guarantee anonymity.

**AUDIO/VIDEO RECORDING**

As part of this study, the person you represent will be [audio/video] recorded. The recordings will help us accurately capture what they share. These recordings will only be used for research purposes and will be stored securely. You may choose to stop the recording at any time. If applicable: If you do not want the person you represent to be recorded, they can still participate in the study.

**IF YOU HAVE QUESTIONS**

Please contact me, (your name), from the school of (your SIU school), at (SIU email and include office phone number if faculty) with any questions. If you are a student, also include the following: The faculty advisor overseeing this research is (advisor name) from the school of (advisor school) and can be contacted at (faculty advisor’s SIU email and office phone number).

**STATEMENT OF CONSENT**

I understand what this research study is about, and my questions so far have been answered. I am legally authorized to provide consent for the person I represent. My signature below provides consent for the person I represent to take part in the study.  If your research includes interviews, focus groups, or other open-ended questions, add “…and to have to have their responses quoted using a pseudonym.” If your survey includes audio/video recording, add “…and to have their participation audio/video recorded.” I understand that I will receive a copy of this document for my records and that the researchers will keep a copy as part of the study record.

Participant Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAR Legal Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following IRB approval statement must be included, verbatim, as the last item on the consent: This project has been reviewed and approved by the SIUC Institutional Review Board (IRB). An IRB is a committee that protects the rights of people who participate in research. You may contact the IRB by phone at (618)453-4530 or e-mail at siuhsc@siu.edu.