**Principal Investigator:**

**Department:**

**Faculty Supervisor, if applicable:**

**Study Title:**

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

The following information below is provided to inform you about the research project, your role within the project, and your rights as a participant in the research. Please read all of the information carefully, and ask the researcher any questions you have. You will be given an opportunity to ask questions, and your questions will be answered. Your participation in this research is completely voluntary. You are also free to withdraw from this study at any time.

A copy of this informed consent form will be provided to you for your records before you participate in the study.

1. **Purpose of the study & role of the participant:**

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1. **Procedures to be followed and approximate duration of the study:**

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1. **Compensation:**

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1. **Benefits:**

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1. **Appropriate alternative procedures and/or steps for withdrawing from the study:**

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1. **Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:**

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|  |

1. **Confidentiality, Privacy, & Anonymity:**

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1. **Contact Information.** If you should have any questions about this research study or possibly injury, please feel free to contact the Principal Investigator, **(INSERT NAME OF PI)**, via email, (**INSERT PI’s EMAIL ADDRESS)**, or phone, **(INSERT PI’s PHONE NUMBER)**,or my Faculty Supervisor**, (INSERT NAME OF FACULTY SUPERVISOR’S NAME** **)**, via email, (**INSERT FACULTY SUPERVISOR’S EMAIL ADDRESS)**, or phone, **(INSERT SUPERVISOR’S PHONE NUMBER)**.

For additional information about giving consent or your rights as a participant in this study, to discuss problems, concerns, and questions, or to offer input, please feel free to contact the Institutional Review Board at irb@tntech.edu.

**STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY**

By signing below, I acknowledge that **I have read this informed consent form; I understand the conditions of the research and my rights as a participant; and** that I am **18 years of age (or older)**, **I freely and voluntarily choose to participate.**

Date Signature of volunteer

Consent obtained by:

Date Signature

Printed Name and Title