

ORGANIZATION INFORMED CONSENT

(Note: If you are going to be doing research at a specific location, you must provide this signed form indicating that you have permission from the appropriate supervisor or administrator of the location.)

Identification of Project/ Title (Please note: Title of application and title here should be the same.)

Purpose

The purpose of this research is to...

Procedures

The procedures involve...

Confidentiality

All information collected in this study is confidential to the extent permitted by law. Participants understand that the data will be grouped with data others provide for reporting and presentation and that names will not be used.

Risks

Participants may experience..., but the investigator(s) will mitigate these risks by...

Benefits, Freedom to Withdraw, and Ability to Ask Questions

The study is not designed to help participants personally but to help the investigator(s) learn more about... Participants are free to ask questions or withdraw from participation at any time and without penalty.

Medical Care (Include this section only when appropriate for your project. When included, please do not modify the wording of this section.)

Indiana Tech does not provide any medical or hospitalization insurance for participants in this research study nor will Indiana Tech provide any compensation for any injury sustained as a result of participation in this research study, except as required by law.

Contact Information of Investigators

Provide name, address, telephone number, and (if appropriate) e-mail address of principal investigator.

Statement of permission to allow this research on these premises:

I give permission to allow Indiana Tech to proceed with the above named research at

_____ location, pending IRB approval.

NAME OF SUPERVISOR: _____

SIGNATURE OF SUPERVISOR: _____

DATE: _____

****Please note: If the consent form requires more than one page, please include a space for the subject to initial and date at the top right-hand corner of each page. The corner should appear as: Initials _____ Date ____ Also, you must write a page range; such as Page 1 of 2, then Page 2 of 2. This step would confirm that the subject agreed to the entire contents of the consent form.