



[Project Title]

Minnesota State University, Mankato

IRBNet#[1234567....do not include the -#]

This document is intended to serve as a template that can be adapted to the specific needs of your research project.

Optional: This template is **not** a requirement. It is offered as a tool to assist you in your research. You are welcome to design your own informed consent. Please ensure that all of the relevant elements are present.

Students: please confer with your advisor to ensure you are designing your consent language according to their guidance.

Colors: This template utilizes colors to help you consider your options. Colors are not required or expected in your informed consent language.

Typical or required language is written in **black** while examples of language that can be emended are written in **yellow**.

Purpose

You are invited to participate in a research study [in which you will be asked to/will experience]. The goal of this research is to [identify a basic theory of love/determine which intervention practice is more effective] This research is being conducted by [name of the Principal investigator or name(s) of the student Investigator(s) under the supervision of name of the Principal Investigator] from Minnesota State University, Mankato.

For example: You are invited to participate in a research study in which you will be asked to respond to a set of scales measuring your ice cream preferences. The goal of this research is to determine whether ice cream preference correlates with a number of demographic variables such as age, gender, and height. This research is being conducted by Dr. Maverick Stomper from Minnesota State University, Mankato.

Explanation: The purpose of the Purpose section is to: (a) make a clear invitation to participate in research, explain the overarching goal of the project, and (c) identify the investigator(s). This section is typically relatively brief.

Procedure

If you agree to participate as a subject in this research, you agree to [respond to a set of survey items regarding.../participate in an interview about.../participate in a virtual interview that is recorded]. During this time, we will [ask you to do this and this and this]. We expect the total time commitment for participation to be [20 minutes/3 hours/15 minutes four times per day for 37 days....take all of the space necessary to offer an appropriate level of detail].

Explanation: The purpose of the Procedure section is to: (a) explain what the subjects will experience, which is especially important if there is an intervention involved; (b) clarify the quantitative data and/or qualitative information to be collected, and (c) offer a reasonable estimate of the total amount of time expected of participation in the project. Please make certain to address the use of audio or audio/video recording if utilized for data collection. It is also important to note the use of AI if relevant.

Please note that although the example above appears brief, this section is likely to be the longest on the informed consent form.

Potential Risks

The risks of participation are [no greater than those experienced during daily life/daily studies/a typical walk in the park....alternatively: are notable greater than experienced during a typical day]. Although the likelihood of [discomfort/upset/injury] is [very unlikely/low], you are free to withdraw from participation at any point.

Explanation: The purpose of the Potential Risks section is to clearly state the potential risks to the subject or their data. These might include, but are not limited to: (a) risks of a breach of confidentiality of subject data, and/or (b) emotional and/or physical discomfort as a result of an intervention or data collection. It is important to distinguish between reasonable risks and the experience of discomfort, making certain to address both as necessary. It is also important, if the risks necessitate it, to clearly state the resources available to subjects (e.g., campus health services, a crisis line number, handout listing services in the neighborhood) should they experience injury/upset/discomfort.

Potential Benefits

[There are no tangible/behavioral benefits of participation in this research...or something akin to: You might find that experiencing the intervention promotes a more positive outlook on life/homework/Star Trek]. However, the findings of this research could [positively inform the relevant professional practice/how future students are taught/science!].



Explanation: The purpose of the Potential Benefits section is to clearly yet conservatively state the potential benefits of participation to the subject, and then to society. There are typically no actual benefits to subjects for participation.

Compensation

[You will not receive any compensation/You will receive...clarify the amount/kind of compensation...for participation in this research]

Explanation: The purpose of the Compensation section is to clarify whether subjects will receive an incentive to encourage participation. If an incentive is offered, the amount of financial remuneration in card, cash, or kind should be appropriate to the population of interest. In other words, it is important that the incentive not be so large as to be perceived as coercive. Please remember that receiving extra credit in a course is a type of compensation.

Voluntary Nature of the Study

You are free to withdraw your consent to participate at any time. Your decision whether to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits.

Explanation: The purpose of the Voluntary Nature of the Study section is to make it entirely clear that the subject can revoke their consent to participate at any time from informed consent through data collection. If you are collaborating with investigators from another institution, please make certain that their equivalent guarantee is made in a separate statement; do not combine it with the MSU statement for the sake of simplicity.

Confidentiality

All information obtained in this research project will be kept confidential by [the investigator(s)]. All information will be stored [in a locked file cabinet at ???/online via Qualtrics/???] with Minnesota State University, Mankato. Your name will be recorded only on this informed consent form. All other materials will be coded to protect your identity. All information will be securely maintained by [name of the Principal Investigator] for no less than three years.

Explanation: Please note that the informed consent form cannot include any exculpatory language (e.g., "By consenting to participate in this research, you are absolving MSU from all moral guilt.")



Contacts and Questions

If you have any questions about this research, contact [the name of the Principal Investigator] at [phone and email].

If you have any questions about subjects' rights for research-related injuries, please contact the Director of the Institutional Review Board at 507-389-1242 or irb@mnsu.edu.

If you would like more information about the specific privacy and anonymity risks of online interactions, please contact the Minnesota State University, Mankato IT Solutions Center (507-389-6654) and ask to speak to the Information Security Manager.

Explanation: The Purpose of the Contacts and Questions section is to provide a subject (or potential subject) with ready access to information pertinent to making a truly informed decision whether to participate and to share questions or concerns during/after participation.

Statement of Consent

"I have read this consent form and I fully understand the contents of this document and voluntarily consent to participate. I attest that I am 18 years of age or older. All of my questions concerning this research have been answered. A copy of this form has been offered to me."

Explanation: The Purpose of the Statement of Consent section is to provide the subject with a clear pause where they must consider whether to provide informed consent. Please use the statement above as close to verbatim as possible, but adapt it as necessary to meet the needs of your project.

Name [or checkbox, as necessary]: _____

Signature [or checkbox, as necessary]: _____



Sample Informed Consent Form

Minnesota State University, Mankato

IRBNet123456

Purpose

This study presents an opportunity to engage in structured reflection and meditation practices designed to assess their impact on leadership skills. Through daily pre- and post-workday inventories, surveys, and reflection questions, the research aims to evaluate whether these interventions can enhance leadership capabilities.

Key aspects to consider when participating in this study include:

- Time Commitment: Participation will involve a consistent daily commitment to reflection and meditation exercises.
- Potential for Self-Awareness and Growth: Regular engagement in these practices may foster greater self-awareness, stress management, and adaptability in leadership contexts.
- Leadership Skill Development: The study seeks to identify if and how daily reflection and meditation can strengthen leadership competencies such as empathy, resilience, and decision-making.

This research is being conducted by Dr. Kayla Campanelli from Minnesota State University, Mankato.

Procedure

[Survey Example]: If you agree to participate as a subject in this research, you agree to respond to the survey questions accurately and honestly to the best of your ability twice daily. During this time, we will expect you to set up reminders at the beginning and end of your day in order to respond to the questions. There will be a total of 5 questions for the beginning and end of each day followed by a brief 3 minute meditation. The questions for each day as well as the meditation guide will be given to you. We expect the total time commitment for participation to be 20-30 minutes per day or 10-15 minutes twice a day, for 60 days.

[Interview Example]: If you agree to participate as a subject in this research, you agree to respond to interview questions accurately and honestly to the best of your ability. Please do your best to answer as specifically and in depth as possible for the researchers. The interview may take place in person or with the use of audio recording over an online interface. If recorded via audio, the researchers reserve the right to use a transcription service.

_____ Initial Here

**Potential Risks**

The risks of participation are no greater than those experienced during daily life. Although the likelihood of discomfort is very unlikely, you are free to withdraw from participation at any point.

Potential Benefits

There are no tangible benefits of participation in this research. You might find that experiencing the intervention promotes a more positive outlook on your work life. However, the findings of this research could positively inform leadership practices.

Compensation

You will not receive any compensation for participation in this research.

Voluntary Nature of the Study

You are free to withdraw your consent to participate at any time. Your decision whether to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits.

Confidentiality

All information obtained in this research project will be kept confidential by Dr. Stomper Maverick. All information will be stored in a locked file cabinet at the Edina Campus with Minnesota State University, Mankato. Your name will be recorded only on this informed consent form. All other materials will be coded to protect your identity. All information will be securely maintained by Dr. Stomper Maverick for no less than three years.



Contacts and Questions

If you have any questions about this research, contact Dr. Stomper Maverick at work phone and work email.

If you have any questions about subjects' rights for research-related injuries, please contact the Director of the Institutional Review Board at 507-389-1242 or irb@mnsu.edu.

If you would like more information about the specific privacy and anonymity risks of online interactions, please contact the Minnesota State University, Mankato IT Solutions Center (507-389-6654) and ask to speak to the Information Security Manager.

Statement of Consent

"I have read this consent form and I fully understand the contents of this document and voluntarily consent to participate. I attest that I am 18 years of age or older. All of my questions concerning this research have been answered. A copy of this form has been offered to me."

Name: _____

Signature: _____