



Written Consent Form: **IR010C** Consent Age 15-17

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**Assent to Participate in a Research Study
(IRB010C)
Minor Participant (age 15-
17 years)**

Title of Study:

**Principle
Investigator:
Email
address:
Co-
Investiga
tors:
Program
Director:
Funding
Source:**

**Study Contact telephone
number: Study Contact**

Email:

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your parent, or guardian, needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission. To join the study is voluntary.

You may refuse to join, or you may withdraw your consent to be in the study, for any reason, at any time, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researchers named above any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to learn about

You are being asked to be in the study because

Are there any reasons you should not be in this study?

You should not be in this study if

How many people will take part in this study?

If you decide to be in this study, how many other people will be participating with you?

How long will your part in this study last?

What will happen if you take part in the study?

What are the possible risks or discomforts involved from being in this study?

There may be uncommon or previously unknown risks. You should report any problems to the researcher.

How will your privacy be protected?

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, Gratz College will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the College, research sponsors, or government agencies for purposes such as quality control or safety.

We will not tell anyone what you tell us without your permission unless there is something that could be dangerous to you or someone else. If you tell us that someone is or has been hurting you, we may have to tell that to people who are responsible for

protecting children so they can make sure you and others are safe.

What will happen if you are injured by this research?

All research involves a chance that something bad might happen to you. This may include the risk of personal injury. If such problems occur, the researchers will help you get medical care, but any costs for the medical care will be billed to your parents. However, by signing this form, you do not give up any of your legal rights.

Will you receive anything for being in this study?

You will not receive anything for taking part in this study.

Will it cost you anything to be in this study?

There will be no costs for being in the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research participant you may contact, anonymously if you wish, the Institutional Review Board at 215-646-7300.

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant

Date

Printed Name of Research Participant

Signature of Person Obtaining Consent

Date

Printed Name of Person Obtaining Consent
