**INFORMATION AND CONSENT FORM**

We are inviting you to take part in a research study. This document describes the study procedures. Before you accept to take part in this research study, please take the time to read and carefully examine the following information. Feel free to ask questions about any parts of this document you do not understand. Please take all the time you need to make your decision.

**Research Study Title**

Insert project title.

**Researcher Responsible for the Research Study**

[…], professor at the Department of […] of Université de Sherbrooke. For more information, you may contact the researcher by phone at 819-821-8000 (1 800-267-8337) extension […] or by email at [firstname.lastname]@USherbrooke.ca.

**Funding of the Research Study**

The researcher responsible for this study received funding from [insert the name of the funding agency] to carry out this study.

**Purpose of the Research Study**

The purpose of this study is […]

**Description of the Research Procedures**

You are being invited to take part in this research study because – describe the characteristics of the sample population being recruited or the inclusion criteria. Then explain in simple terms exactly what will happen if they participate in the project. Describe the total amount of time required of a person if they participate in the research.

**Potential Benefits**

By participating in this project, you will contribute to the advancement of knowledge in the field of […] and describe any other possible benefits to the subject (if any) or any anticipated benefits to society or to a specific group.

**Potential Risks**

Describe all known foreseeable risks (for example: psychological, cultural, privacy, confidentiality) and a description of the measures implemented to minimize risks or to provide counselling or referral for those in distress.

**OR**

Your participation should not involve any significant inconveniences, other than taking up some of your time. You may ask to take a break or to continue the interview at a more convenient time.

**Voluntary Participation and the Right to Withdraw**

Your participation in this research project is voluntary. Therefore, you may refuse to participate. You may also withdraw from the project at any time, without giving any reason, by informing a member of the research team.

**AND** Consequences for care (where applicable)

Your decision not to participate in the study, or to withdraw from it, will have no impact on the quality of care and services to which you are otherwise entitled.

**AND** Withdrawal of the participant from the study by the investigator or by others (where applicable)

The researcher responsible for this study, the Research Ethics Board, the funding agency, or the Sponsor may put an end to your participation without your consent. This may happen if new findings or information indicate that participation is no longer in your interest, if you do not follow study instructions, or if there are administrative reasons to terminate the project.

**AND** Consequence of withdrawal for data storage

If you withdraw or are withdrawn from the study, the information collected during the study will nonetheless be stored, analyzed or used to protect the scientific integrity of the research project.

**OR**

If you withdraw from the study, do you ask that the audio/video or written documents pertaining to you be destroyed?

Yes  No  Participant’s initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In this eventuality, the researcher will validate your preferences regarding data destruction.

**AND** New information (where applicable)

Any new findings that could influence your decision to stay in the research project will be shared with you as soon as possible.

**Compensation**

You will receive [*indicate the compensation offered*: an amount of X$ per study visit, for a total of X visits, for a total amount of X$] for costs and inconveniences incurred during this research study. If you withdraw from the study, or are withdrawn before it is completed, you will receive compensation proportional to the number of visits you have completed.

**OR**

You will be reimbursed for the costs of [*choose:* travel, meals, parking, etc.] related to your participation in this study. [You will be reimbursed upon presentation of receipt OR paid by a coupon which you will be given]-[specify a time.]

**OR**

You will not receive financial compensation for participating in this research study.

**Confidentiality**

During your participation in this study, the researcher responsible and the research team will collect and record information about you in a study file. They will only collect information required to meet the scientific goals of the study.

Your research file may include information such as your name, sex, date of birth and ethnic origin, photos, video or audio recording or interviews as well as information concerning your past and present state of health, your lifestyle, the results of the tests, exams, and procedures that you will undergo during this research project.

All the information collected during the research project will remain confidential to the extent provided by law. You will only be identified by a code number. The researcher responsible for this study will keep the key to the code linking your name to your study file.

The study data will be stored for 7 years by the researcher responsible for this study for research purposes as described in this information and consent form.

The data may be published or shared during scientific meetings; however, precautions will be taken to ensure that you can not be identified.

For monitoring and control, your study file may be examined by a person mandated by regulatory authorities, as well as by representatives of the funding agency, the institution, or the Research Ethics Board. All these individuals and organizations adhere to policies on confidentiality.

You have the right to consult your study file in order to verify the information gathered, and to have it corrected if necessary.

**AND** (where applicable)

However, in order to protect the scientific integrity of the research project, accessing certain information before the project is ended may require that you be withdrawn from the study.

**Marketing Possibilities**

The research results, including those following your participation in this research study, could lead to the development of commercial products. However, you will not receive any financial benefits.

**Conflict of Interests**

If applicable, describe the nature of the conflict of interests.

**Study Results**

If you wish to receive a summary of the study results when they are completed, please provide an address

Email or Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR** The study results will be available [insert date] online at [insert website].

**Contact Information**

If you have questions or if you have a problem you think may be related to your participation in this research study, or if you would like to withdraw, you may communicate with the researcher responsible of this research study or with someone on the research team at the following number: [insert phone number]

**Approval of the Research Ethics Board**

The Research Ethics Board of the Université de Sherbrooke (CÉR Lettres et sciences humaines) approved this research and is responsible for the monitoring of the study.

For any question concerning your rights as a research participant taking part in this study, or if you have comments, or wish to file a complaint, you may communicate with the Research Ethics Board at the following phone number 819-821-8000 (or toll free at 1-800-267-8337) extension 62644, or by email at cer\_lsh@USherbrooke.ca.

**Signature of the Participant**

I have reviewed the information and consent form. Both the research study and the information and consent form were explained to me. My questions were answered, and I was given sufficient time to make a decision. After reflection, I consent to participate in this research study in accordance with the conditions stated above.

**AND** Communication with the participant about future research (where applicable)

I authorize the researcher responsible of this research study to communicate with me directly to ask if I am interested in participating in other research.

Yes  No  Participant’s initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND**Specific authorization [Include all other authorization clauses relevant to the research study.]

ex.:

* Use of video or audio recording for scientific presentations;
* Secondary uses of the research data;
* If the potential participant is unable to read the consent form.

Name of participant Signature Date

**Signature of the Person Obtaining Consent**

I have explained the research study and the terms of this information and consent form to the research participant, and I answered all his/her questions.

Name of the person obtaining consent Signature Date

**Commitment of the Researcher Responsible of the Research Study**

I certify that this information and consent form were explained to the research participant, and that the questions the participant had were answered.

I undertake, together with the research team, to respect what was agreed upon in the information and consent form, and to give a signed and dated copy of this form to the research participant.

Name of the Researcher Responsible Signature Date