# Instructions for Investigators

**Reminder:** The process of obtaining informed consent must comply with the requirements of 45 CFR 46.116. The documentation of informed consent must comply with 45 CFR 46.117. These requirements are changed in the Final Revisions to the Common Rule, which are in effect as of January 19, 2018. These regulations are available at: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/index.html>.

Use this example of CONSENT for research projects that involve:

* Interviews
* Research participants who are ADULTS (age 18 and older)

Always have two copies of the consent form for each potential participant. One signed copy is kept by the PI or research team, and the other is to be given to the enrolled participant after written consent is given.

Be sure to enter the version number of the consent form in the footer.

**Highlighted sentences are mandatory for all consent forms. Please remove the yellow highlights and red notes before finalizing and submitting your consent form.**

Aloha! You are being asked to participate in a research study conducted by *(insert names and degrees of all investigators)* from the *(insert department affiliation)* at the University of Hawai‘i. *(If student, indicate that results will contribute to senior project, thesis or dissertation).*

***What am I being asked to do?***

If you participate in this project, I will meet with you for an interview at a location and time convenient for you.

***Taking part in this study is your choice.***

Your participation in this project is completely voluntary. You can choose to take part or you can choose not to take part in this study. You also can change your mind at any time. If you stop being in the study, there will be no penalty or loss to you.

***Why is this study being done?***

The purpose of my project is to *(state what the study is designed to assess or establish)*. I am asking you to participate because *(explain succinctly and simply why the prospective participant is eligible to participate).*

***What will happen if I decide to take part in this study? (revise to describe study)***

The interview will consist of 10-15 open ended questions. It will take 45 minutes to an hour.

The interview questions will include questions like, “Was the career counseling office able to offer insight in obtaining work, or further training in your career choice? If so, how so?” “What advice or tips did the career counselor give you that you would not have thought of yourself?”

Only you and I will be present during the interview. With your permission, I will audio-record the interview so that I can later transcribe the interview and analyze the responses. You will be one of about (#) people I will interview for this study. With your permission, I will also video-record the interview so that I can analyze your movements during the interview. (note to researcher - video recording is approvable for non-exempt applications only.)

***What are the risks and benefits of taking part in this study?***

I believe there is little risk to you for participating in this research project. You may become stressed or uncomfortable answering any of the interview questions or discussing topics with me during the interview. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop the interview or you can withdraw from the project altogether.

There will be no direct benefit to you for participating in this project.The results of this project may help *(fill in here).*

***In-Person Research Risk:***

For the safety and protection of yourself, the research team and others, we strongly recommend that you wear a well-fitting mask that covers nose and mouth [(CDC guidance)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html) during each research-related encounter to reduce the spread of common respiratory diseases such as the Rhinovirus (common cold), the Influenza (Flu), Respiratory Syncytial Virus (RSV), and Coronavirus Disease of 2019 (COVID-19). Members of the research team will wear a well-fitting mask that covers nose and mouth at all times.

***Results of Research:***

*(Indicate if any results that will be disclosed to participants and if so, under what conditions).*

***Privacy and Confidentiality:***

I will keep all study data secure in a locked filing cabinet in a locked office/encrypted on a password protected computer. Only my University of Hawai'i advisor and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai'i Human Studies Program has the right to review research records for this study.

After I write a copy of the interviews, I will erase or destroy the audio and / or video-recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (fake names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

***Compensation:***

You will receive a $5 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project.

***Future Research Studies:* *(Insert one of the following statements:)***

Identifiers will be removed from your data, and after removal of identifiers, the data may be used for future research studies or distributed to another investigator for future research studies and we will not seek further approval from you for these future studies.

***(OR)***

Even after removing identifiers, the data from this studywill not be used or distributed for future research studies.

***Questions:*** If you have any questions about this study, please call or email me at *[insert phone number & email address – do not use personal numbers]*. *(If this is a student project, add:* You may also contact my advisor, *[insert name]*, at *[phone # & email address]*.

You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu to discuss problems, concerns and questions, obtain information, or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.hawaii.edu/jRd> for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date the following signature page and return it to: *(insert here)*

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent**:

I give permission to join the research project entitled, *(insert title here)*

Please initial next to either “Yes” or “No” to the following: (note to researcher - include these options only as appropriate to the study design described on page 1)

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to be audio-recorded for this interview.

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to being video-recorded for the interview.

**Name of Participant (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mahalo!