# Informed Consent Form (ICF) Template Language and Formatting

Use this type of CONSENT FORM for research projects that involve:

* Research participants who are ADULTS (age 18 and older)
* Video / Audio Recording of Adult Participants for Archival or Public Presentation Purposes
* Typed transcripts of recorded interviews corresponding to audio and/or audio-visual files/recordings of those interviews
* Need to archive the transcripts and/or corresponding audio/ audio-visual files/ recordings of those interviews
* 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 copy is to be given to the enrolled participant after written consent is given.

Highlighted sentences are mandatory for all consent forms.

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

**Please remove the yellow highlights and *red notes* before finalizing and submitting your consent form.**

My name is Kainoa Researcher. I am an Associate Professor with (*fill in*) at the University of Hawai’i (UH). I am conducting a project to video record save recollections of people who experienced the 1951 [name of interesting event]. I am asking for your participation in this project, because you had direct experience with this event.

**Activities and Time Commitment:** If you agree to participate, I will interview you once or twice at a time and place convenient to you. The interview(s) will last about 90 minutes each. I will record the interviews using a digital audio-video recorder.

After the interviews, a written record of the interviews will be created, then checked and edited for accuracy. Then, I will send you the transcript so you can make any changes that you would like. I estimate that it will take you from 5 to 6 hours to do this, depending on how many changes you make. We will then incorporate your revisions into the transcript. The final transcript will be typed later for publication. At a future date, bound volumes will be distributed to libraries for use by other researchers and the general public.

Users will be permitted to use, in unpublished works, short excerpts from any of the transcriptions without obtaining permission as long as proper credit is given to the interviewee (you), interviewer (me). At the completion of the project, I would like to store the digital audio-video files of my interviews with you (*where*). The purposes of storing these files are to:

(a) Maintain a “living” audible file of the interviews, as they sounded, and

(b) Permit students, faculty, researchers, and the public to listen to the interviews.

**Voluntary Participation:** Your participation in this project is voluntary. You may withdraw from participation at any time, until the completion date of this project which is expected to be [date]. During the interviews, you can choose to not answer any question(s) at any time for any reason. If you disapprove of, wish to change, add to, delete, or otherwise change the transcripts or the audio file of the interviews, you may do so at any time up to the completion of this project. If you decide that the transcripts and/or audio files should not be archived, we will end the project.

**Benefits and Risks:** There is no direct benefit to you in participating in this research project. Your participation may contribute to the historical record of [*describe*]. We want to create an authentic record and make it available to scholars and the general public as a reliable historical document. To do that, it is important that your actual name appear as the interviewee on the transcript. In addition, the transcripts and audio files of the interviews will include your name and personal recollections. Thus, one potential risk to you is a loss of privacy. Another possible risk is that some topics you discuss during the interviews might bring back painful or unpleasant memories. In such cases, we can take a break, skip that topic, and/or you may choose to stop participating altogether.

***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 test results (i.e., clinically relevant research results) will be disclosed to participants and if so, under what conditions).*

**Privacy and Confidentiality:** In order to accurately document this historic event, it is important that your name appear as the interviewee on the transcript. However, you retain the right to change, delete, or add information in the transcripts and audio-video files.

***Future Research Studies:* (***Insert this language as appropriate***)**

When I report the results of my research project in my typed paper, I will use your name and personal information that would identify you. The research records may be used for future research studies or distributed to another investigator for future research. We will not seek further approval from you or for these future studies.

***Compensation:***

*(Describe any compensation for participation here, such as: “*You will receive a $5 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project*.”)*

***Questions:***

If you have any questions about this study, please call or email me at *[insert phone number & or 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](mailto: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.

**Signature(s) for Consent**:

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

Please initial next to either “Yes” or “No” to the following:

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to be audio-recorded for the interview portion of this research.

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to being video-recorded for the interview portion of this research.

\_\_\_\_\_ Yes \_\_\_\_\_ No I give permission to allow the investigator to use my real name to be used for the publication of this research

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

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

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

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

Please keep a copy of this form for your records.

Mahalo!