

- (b) If subjects will incur any additional costs as a result of their participation in the research, this must be clearly discussed in the consent form.
- (c) If the subject is a legal minor both parents or the guardians should sign the consent form.
- (d) If the subject is a legal minor, provisions should be made for him/her to sign an appropriate assent form for minors.
- (e) If the subject cannot sign, through physical disability or illiteracy, but is otherwise capable of being informed and living verbal consent, a third party not connected with the study, or next of kin or guardian shall sign for the subject.
- (f) An appropriate translation of the approved informed consent form must be provided to subjects whose natural language is not English, and who are poorly versed in the English language.
- (g) When appropriate, add a statement that the procedure may involve risks to the subject which are currently unforeseeable.
- (h) When appropriate, indicate the approximate number of subjects involved in the study.
- (i) When appropriate, include a statement that significant new findings developed during the study which may relate to the subject's willingness to continue participation will be provided to the subject.
- (j) For studies involving therapeutic procedures, subjects shall be informed of appropriate alternative procedures or courses of treatment that might be advantageous, including any risks and/or benefits.
- (k) When appropriate, detail the consequences of a subject's decision to withdraw from the research.
- (l) If the research project involves more than minimal risk to subjects, include a statement to clearly describe the potential risk and steps that will be taken to minimize these risk.**

SAMPLE INFORMED CONSENT ON NEXT PAGE

Rights.” I have read the above and understand it and hereby consent to the procedure(s) set forth.

Signature of Participant or Responsible Party

Signature of Principal Investigator

Date

VIDEOTAPING RELEASE FORM

RESEARCH TITLE: *Title of your study*

UMASS GLOBAL
16355 LAGUNA CANYON
ROAD IRVINE, CA 92618
RESPONSIBLE INVESTIGATOR: *Your name and degree*

I understand that the [*interview, focus group, etc.*] may be video recorded per the granting of my permission. I do not have to agree to have the [*interview, focus group, etc.*] be video recorded. In the event that I do agree to have myself video recorded, the sole purpose will be for video analysis to support data collection related to [*research title*].

I hereby give my permission to [*researcher's name*] to use any photos or videotape material taken of myself during [*his/her*] research on [*research subject*]. The photos and videotape material will only be used for this research and the videotape will be destroyed at the end of the study. [*If you plan to use video images after the study for future presentations, you must state and clearly identify how the images will be used.*] As with all research consent, I may at any time withdraw permission for photos or video footage of me to be used in this research project.

Signature of Participant: _____ Date: _____

Signature of Principal Investigator: _____ Date: _____