UCSC Study #: {Cayuse Human Ethics Study number}

Study Title: {Title of the Cayuse Human Ethics Study}

{Name of PI/Co-PI}, who is a {for example student Professor, etc.} at UC Santa Cruz, is conducting a research study to find out more about {Provide participants with a clear and accurate statement of the topic of the research using lay terms, do not repeat the study title}.

If you agree to be in this study, the following will happen to you:

{List study procedure(s) here}

Your participation will take about {XX} minutes.

{If the study involves audio/video-recording, then include the following} As part of this project, {an/a audio/video-}recording will be made of you during your participation. You have the right to request that the recording be stopped or erased in full or in part at any time. In any use of the {audio/video-}recording, you will not be identified by name. Please note below the uses of the recordings to which you are consenting.

{Delete any uses that are **not** appropriate for this study}

1. The {audio/video-}recording {will/can} be used by the investigators in this research study.

2. The {audio/video-}recording {will/can} be {reviewed by/shown to} subjects in other studies.

3. The {audio/video-}recording {will/can} be used for scientific publications.

4. The {audio/video-}recording {will/can} be {reviewed/shown} at meetings of scientists interested in the study of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {fill in specific area of study}.

5. The {audio/video-}recording {will/can} be {reviewed/shown} in classrooms {by/to} students.

6. The {audio/video-}recording {will/can} be {reviewed/shown} in public presentations to non-scientific groups.

7. The {audio/video-}recording {will/can} be used on television and/or radio.

{If participants must agree to audio/video-recording in order to participate, then include the following}

If you do not consent to such use of the recording you should not participate in this study.

{If the study involves payment or if course credit is being offered, include}

You will receive {payment or credit, as applicable} for your participation in the study. {Add details of payment or credit here}

Research records will be kept confidential to the extent allowed by law. {Insert a statement describing the study procedure(s) that will be used to maintain the privacy and confidentiality interests of the subject including any audio/video-recordings}.

Participation in research is entirely voluntary and you can withdraw at any time. Choosing not to participate or withdrawing will in no way {insert appropriate language: penalize you, affect your grade, affect your status as a student} or result in loss of benefits or services to which you are otherwise entitled.

{If the study involves payment or if course credit is being offered, include}

You will still receive full {payment or credit, as applicable} for the study.

-OR-

You will receive partial {payment or credit, as applicable} for the study. {Add details of pro-rating here}

If you want additional information or have questions or research-related problems, you may reach {fill in name of PI} at {fill in email or telephone number of PI}.

By signing below you are indicating that you are at least 18 years old, have read this consent form, and agree to participate in this research study.

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Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed/printed Name

***Please sign both consent forms, keeping one for yourself.***