

INFORMED CONSENT CERTIFICATION

MUST BE TYPED AND SUBMITTED WITH HUMAN AS TEST SUBJECTS ENDORSEMENT FORM

Please see page 12 of this handbook for details.

THIS FORM IS REQUIRED OF SOME PROJECTS INVOLVING HUMANS AS TEST SUBJECTS

Research Project Title: _____

A Purpose of the project:

B Participants will be asked to:

C Possible discomforts or risks the subject(s) may reasonably expect through participation in this research:

D If the experiment affects the pulse, respiration rate and/or blood pressure, I verify, a current valid physical examination is on file
Procedures to be used to minimize risks:

E Possible benefits the test subject(s) might reasonably expect:

F Name and phone number of teacher/supervisor who can provide information regarding this research :

NAME EMAIL () PHONE NUMBER
AREA CODE

AS A TEST SUBJECT:

I have read and understand the conditions stated above, that participation in this research procedure is completely voluntary. I am free to withdraw my consent and to discontinue participation in this research activity at any time without any negative consequences

Test Subject's Signature: _____ Date: _____

Parent's or guardian's signature if test subject is a minor (under age 18) or a protected special needs person.

Parent/Guardian's Signature: _____ Date: _____

If this research is under the supervision of a qualified scientist (not including the teacher or student):

Qualified Scientist's Signature: _____ Date: _____

Institution : _____