



# 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

## 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 : \_\_\_\_\_