

**INFORMED CONSENT TO TAKE PART IN RESEARCH**

*(Suggested Use: Minimal Risk Research Involving Focus Groups and Interviews)*

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**Study Title:** Academic and Social benefits of Peer Mentorship Program

**Study Sponsor:** Association for Good Research

**Principal Investigator:** John Smith, MD, Professor, Internal Medicine, UTHealth

**Study Contacts:** Jane Doe, R.N., Research Nurse

**Contacts:** Jane Doe: 713-500-0000

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We are inviting you to be in a research study by investigators at XYZ University. We are studying the experiences of Americans in relation to religious certainty, doubt, and questioning.

If you agree to be in our study, we will talk with you for several hours. If you agree, we will ask you to take part in small focus-group discussions. You do not have to be in the study if you do not want to: it is your choice. You can also choose to take part in the interview but not be in a focus group. You can change your mind at any time and there will be no penalty. You and [name] will decide together how many interviews you will have, and when they will occur. The interviews may happen over the span of a year, if you agree.

We know that religious doubt can be a very sensitive topic. You do not have to share any information that you are not comfortable sharing. You can stop the participating in conversation at any time. Some people may be upset or angry if they hear others in the focus groups expressing views different from their own.

We will be careful to keep your information confidential, and we will ask you and all the focus group members to keep the discussion confidential as well. There is always a small risk of unwanted or accidental disclosure. We plan to record the conversations and the focus groups with your permission. Any notes, recordings, or transcriptions will be kept private by the primary investigator (name). Any digital files will be encrypted and password protected. You can decide whether you want your name used.

If you have questions or concerns at any time about the research, you can contact [PI name] at \_\_\_\_ . If you have any questions about your participation in this research, you can call the Institutional Review Board (IRB) at xxx-xxx-xxxx. The IRB is a committee that has reviewed and approved this research study (HSC-XX-XX-XXXX).

I agree to take part in focus groups: Yes/No  
I give permission for my interview to be recorded: Yes/No

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<hr/> <b>Printed Name of Subject</b>	<hr/> <b>Signature of Subject</b>	<hr/> <b>Date</b>
<hr/> <b>Printed Name of Person Obtaining Informed Consent</b>	<hr/> <b>Signature of Person Obtaining Informed Consent</b>	<hr/> <b>Date</b>