

Consent to Participate in a Research Study "Title of Study"

FOCUS GROUP Invitation to participate in a research study

HUM# from eResearch

Researcher X, a faculty member/student at the University of Michigan Flint in the Department of -----, invites you be part of a research project to investigate ----- . The purpose of the study is -----. The study is funded by (if appropriate)----- . We are asking you to participate because -
-----.

Description of your involvement: If you agree to be part of the research study, you will be asked to participate in one focus group session at ----- . We will invite 12 to 15 people to meet together to discuss their experiences ----- . The discussion topics include will include ----- -----. We will also talk about ----- A member of the research team will help guide the discussion. To protect the privacy ----- . The focus group will last about two hours and we will videotape the discussion to make sure that it is recorded accurately. You must agree to be videotaped to participate in the focus group.

Voluntary nature of the study: Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to answer a focus group question for any reason.

Benefits: While you may not receive a direct benefit from participating in this research, some people find sharing their stories to be a valuable experience. We hope that this study will contribute to the improvement of -----.

Risks and discomforts: Answering questions or talking with others about ----- can be difficult. You may choose not to answer any discussion question and you can stop your participation in the focus group at any time. The interviewer will have a list of local agencies that can provide you with additional information or support if you are interested.

Privacy and confidentiality: While unlikely, there is a chance that another member of the focus group could reveal something about you or your family that they learned in the discussion. All focus group members are asked to respect the privacy of other group members. You may tell others that you were in a focus group and the general topic of the discussion, but actual names and stories of other participants should not be repeated.

Compensation: (If appropriate) You will be paid \$----- for participating in the entire focus group session. If you leave before the focus group ends, you will receive \$----- . You will need to pay for your own travel and parking expenses.

Confidentiality of data: We plan to publish the results of this study, but will not include any information that would identify you or your family member. To keep your information safe, the audio/videotape of the focus group will be placed in a locked file cabinet until a written word-for-word copy of the discussion has been created. The researchers will enter study data on a computer that is password-protected and uses special coding to protect the information.

To protect confidentiality, your real name and your family member's name will not be used in the written copy of the discussion. The researchers intend to keep this study data, and the audio/videotapes for future research about -----.

There are some reasons why people other than the researchers may need to see information you provided as part of the study. This includes organizations responsible for making sure the research is done safely and properly, including the University of Michigan, government research offices or the study sponsor.

Because this study explores -----, if you tell us something that makes us believe that you or others have been or may be physically harmed, we may report that information to the appropriate agencies.

Contact information: If you have questions about this research, including questions about the scheduling of the focus group or your payment for participating, you can contact Researcher X, University of Michigan Flint, Department of -----, address, Flint, MI 48502, (810) phone number, researcherx@umflint.edu. You can also contact the faculty advisor, ---- -----, Ph.D., University of Michigan Flint, Department of -----, address, Flint, MI 48502, (810) phone number, faculty advisor@umflint.edu.

If you have any questions about your rights as a research participant, please contact the University of Michigan Flint Institutional Review Board, (810) 762-3384, 303 E Kearsley St., 4204 William S White Bldg., Flint, MI 48102, irb-flint@umflint.edu.

Consent: By signing this document, you are agreeing to be in the study. You will be given a copy of this document for your records and one copy will be kept with the study records. Be sure that questions you have about the study have been answered and that you understand what you are being asked to do. You may contact the researcher if you think of a question later.

I agree to participate in the study. As part of my consent, I agree to be videotaped.

_____ Signature

_____ Printed Name

_____ Date