

Consent Form Checklist

Please complete the following Consent Form Checklist by circling the answer that best suits. The following list is to ensure that all of the necessary elements of a Consent Form(s) have been addressed. If you circle “No” or “N/A” for any of the items listed below please provide brief explanation in the area at the bottom of the page.

- | | | | |
|--|-----|----|-----|
| 1. The University of Winnipeg’s letterhead is used | Yes | No | N/A |
| 2. Identity of the researcher and contact information | Yes | No | N/A |
| 3. Research topic/question, nature of participation, duration, and research procedures | Yes | No | N/A |
| 4. Risks and benefits of participation | Yes | No | N/A |
| 5. State how feedback is provided to the participants | Yes | No | N/A |
| 6. Anonymity | Yes | No | N/A |
| 7. Confidentiality | Yes | No | N/A |
| 8. Point of withdrawal and refusal to answer questions | Yes | No | N/A |
| For example, “Participants may refuse to answer any question(s) and may withdraw at any time before <i>publication</i> without consequence.” | | | |
| 9. Data storage, length of retention, and method of disposal | Yes | No | N/A |
| 10. SCEHRS contact information:
Senate Committee on Ethics in Human Research
and Scholarship Program Officer
(#786-9058 or ethics@uwinnipeg.ca) | Yes | No | N/A |
| 11. Copy of the consent form provided to all participants | Yes | No | N/A |



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CONSENT FORM (Template)

We invite you to participate in a research study conducted by (*principal investigator*) of the (*Department name*) Department of The University of Winnipeg, who may be reached at (*telephone #*). The study will investigate (*research topic/question, nature of participation, duration, research procedures, risk and benefits*).

(*Address confidentiality*)

(*Address anonymity*)

Data will be stored (*where*) for (*length of time*) and will be disposed of (*method*).

If you have any concerns about the way this study is conducted, you may contact the Senate Committee on Ethics in Human Research and Scholarship Program Officer, at 786-9058 or by email at ethics@uwinnipeg.ca. Please note that your participation is voluntary and you may refuse to answer any question(s) and are free to stop participating in the study at any time before (*publication, presentation, paper completion, etc.*) without consequence. If you have any questions about the research and/or wish to receive a summary of the study's results please contact (*principal investigator's name*).

Please check one: _____ I **do** agree to participate in the study described above.
 _____ I **do not** agree to participate in the study described above.

Name (please print): _____

Signature: _____ Date: _____

Principal Investigator's Signature: _____ Date: _____

A copy of this consent form will be provided to you. Thank you for your consideration.