



INFORMED CONSENT CERTIFICATION

Please see page 8 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:

If the experiment affects the pulse, respiration rate and/or blood pressure, I verify, a current valid physical examination is on file.

D 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 () AREA CODE 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 : _____