**Innovations for Poverty Action Institutional Review Board (IRB)**

**CONSENT FORM CHECKLIST AND TEMPLATE**

The following provides you with a checklist of items that will be assessed when examining your consent procedures. Below, you will also find a consent template. You can also reference OHRP’s consent form requirements [here](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.116).

Please note: If you believe including any of the below will bias the study, tell the Human Subjects Committee why in the body of your email.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **n/a** |
| Consent is submitted to IPA IRB in **English** (and administered in the respondent’s language, with both translations and back translations performed to ensure accuracy) | ☐ | ☐ | ☐ |
| Surveyor introduces him/herself and **explains** his/her affiliation | ☐ | ☐ | ☐ |
| Statement that the study is **research** rather than routine care or programming (and explaining the difference as needed) | ☐ | ☐ | ☐ |
| Describes the purpose of the research | ☐ | ☐ | ☐ |
| Description of all procedures to be followed, and identification of any procedures which are experimental. ***If applicable***, this includes a statement alerting participants about the random nature of the experiment. | ☐ | ☐ | ☐ |
| Exculpatory and coercive language are excluded | ☐ | ☐ | ☐ |
| Jargon and confusing language are excluded. Ensure phrasing is clear, comprehensible and concise. | ☐ | ☐ | ☐ |
| Potential participant is “**invited**” not “chosen” to participate | ☐ | ☐ | ☐ |
| The individual and global benefits of the study are both adequately described, as well as the contents of the survey (i.e. demographics, education, savings behaviors, etc.) | ☐ | ☐ | ☐ |
| Risks and discomforts are adequately described (i.e. Might some of your questions make respondents feel uncomfortable?) | ☐ | ☐ | ☐ |
| Statement that participation is voluntary | ☐ | ☐ | ☐ |
| Statement that participants do not have to answer all questions and that there is no penalty for skipping any question | ☐ | ☐ | ☐ |
| The duration of overall study: Will there be a follow-up survey? When? How many follow-up surveys? ***If applicable:*** include space to ask whether they agree to be contacted by the researchers in the future, and the purpose of such future contact (i.e. new study, follow-up, etc.)  **Note:** Researchers should not re-contact participants once the study is closed unless they have given their permission for them to do so for that purpose | ☐ | ☐ | ☐ |
| The time it will take to complete survey is noted | ☐ | ☐ | ☐ |
| Procedures for any audio or visual recording including:   1. That recordings will be taken and what type (audio or video) 2. When the recordings will be taken if known; the consent can say “at a random time in the interview” if unknown 3. Why the recordings will be taken 4. What the recordings will be used for 5. How the recordings will be kept confidential 6. If and when the recordings will be destroyed 7. Whether being recorded in this manner is a requirement of participation, and if not, then how participants can express that they would not like to participate | ☐ | ☐ | ☐ |
| Notification of whether you intend to take GPS coordinates, why you are collecting GPS coordinates, whether this poses any risks to participants, and whether this is a requirement of participation | ☐ | ☐ | ☐ |
| Explanation that **identifiable** data will not be shared outside of predetermined, authorized parties. | ☐ | ☐ | ☐ |
| Sweeping statements that broadly **guarantee** absolute confidentiality are excluded. Avoid statements using “absolute/utmost confidentiality”, “strictly confidential”, and “your responses will be kept a secret” | ☐ | ☐ | ☐ |
| A statement about whether participants' information might be stripped of identifiers and used for future research | ☐ | ☐ | ☐ |
| ***For studies dealing with potentially criminal activities*** *–* Include a confidentiality disclaimer: “Researchers will keep your information confidential to the extent possible and allowable by law.” From a human subjects perspective, it is less risky to collect this information in a manner that would not identify the respondent, e.g. list randomization. Studies should also be aware of the country’s **reporting requirements,** such that people are obligated to disclose certain kinds of information about illegal activities (including allegations of abuse or neglect, which sometimes must be reported to the police by law.) | ☐ | ☐ | ☐ |
| Local, **accessible** contact for questions about the research study. ***Must include a phone number*** and must be someone who speaks their language or with easy and immediate access to a translator | ☐ | ☐ | ☐ |
| Contact for subjects that have questions about their rights as research participants (***not*** research team; must be an IRB or REC), and information about whom to contact in the event of a research-related injury | ☐ | ☐ | ☐ |
| Statement that refusal to participate or withdrawal at any time will not lead to penalty or loss of benefits | ☐ | ☐ | ☐ |
| ***If applicable****:* A statement that the subject's biospecimens (even if identifiers are removed) may be used for commercial profit and whether the subject will or will not share in this commercial profit | ☐ | ☐ | ☐ |
| ***If applicable:*** Any compensation for participation, such as a payment or gift. Be specific (This may be waived if there is reason to believe it would bias the study results, but inclusion/exclusion must be addressed in your submission materials.) | ☐ | ☐ | ☐ |
| Clearly state if there are any costs associated with study participation, and if so, specify what they are. If there are no costs, (which is usual for social-behavioral studies) this section may be omitted. | ☐ | ☐ | ☐ |
| Space to record response to consent (yes/no) and ***if applicable***: space to record response to consent to audio/visual recording and GPS coordinates (if being collected). | ☐ | ☐ | ☐ |
| Check with the local Data Protection Officer in your country office to obtain the necessary information that needs to be included in the consent form per country data protection regulation requirements. | ☐ | ☐ | ☐ |
| Sufficient opportunity to ask questions | ☐ | ☐ | ☐ |
| ***For written consent only:*** Space for signature and/or thumbprint | ☐ | ☐ | ☐ |
| Circumstances where participation could be terminated by PI | ☐ | ☐ | ☐ |
| Consequences of withdrawal and any requirements for orderly withdrawal  i.e. For a Focus Group Discussion, “If decide you would like to leave the discussion at any time, please exit the room quickly and quietly to minimize disruption to the other participants. If you would like your discussion statements to be removed from any research materials, you should contact xx at sampleemail@organization.org within one week.” | ☐ | ☐ | ☐ |
| ***If applicable****:* description of any alternative procedures or treatment that may be available and advantageous to the subject | ☐ | ☐ | ☐ |
| ***If applicable****:* a statement that the particular treatment or procedures may involve risks to the subjects that are currently unforeseeable | ☐ | ☐ | ☐ |

***Sample Consent Form Template***

*The following is intended only as a sample; it should be modified to fit the specific study. If there are components in the template that do not apply to your study (i.e. information on follow-up surveys) then feel free to omit them*

**\_\_\_\_\_Respondent Code**

***Informed Consent****Study Title*

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Enumerator name)

I am a researcher for Innovations for Poverty Action, a research and policy non-profit that discovers and promotes effective solutions to global poverty problems. We are **inviting** you to participate in this study. This study involves research, which is different from routine care or programming, because we are trying to learn about certain things rather than only providing services.

I am visiting you today because we are a conducting a study about \_\_\_\_\_\_\_\_\_.

1. **Purpose:**

The purpose of this survey is to *\_\_\_\_\_\_\_\_\_\_\_\_*. We hope that this research will help us better understand \_\_\_\_\_\_\_ in order to improve future \_\_\_\_\_\_\_\_\_\_\_\_ (If there is a benefit to participants, state it clearly. Describe how research impacts public good).

1. **Procedures (includes intervention and description of which procedures are experimental/randomized):**

If you choose to participate, you will be asked to complete a survey/interview/behavioral games*.* This survey/interview/game will cover\_\_\_\_\_\_\_\_.

In this study, participants are ***randomly assigned*** to different versions/groups/treatments. While you be fully informed about the version/group/treatment of this study that you have been randomly assigned to, you will not be informed about different versions/groups/treatments of this study that other participants are in.

The survey will take approximately (duration) of your time. For participating in this survey, you will receive (compensation).

We will return (number) times in the next (timeframe) for a follow-up survey/interview, but you are free to decline participation in the follow-up if you wish.

We hope to record a portion of this interview for (give reason for recording) purposes. This is voluntary, and you are free to decline if you do not wish to be recorded. (Include all relevant components for informing the participant about being recorded mentioned in the checklist)

We wish to record the GPS coordinates of this interview for (give reason) purposes. This does not pose any additional risk to you and is voluntary, so, you are free to decline if you feel uncomfortable.

1. **Risks and Rights:**

Participation is completely voluntary. [Insert whether there are any risks or outline questions that could distress participant. Choose option 1 or 2: (1) There are no anticipated risks from taking part in this interview. OR (2) You may experience distress over the nature of some questions]. You are free to decline participation, skip any question that makes you feel uncomfortable or stop the interview at any time. There is no penalty or loss of any existing benefits for doing so.

1. **Confidentiality:**

The answers you provide will be kept confidential to the extent possible (and allowable by law). The answers you provide will only be accessible to the research team and individuals from IPA who oversee the research. IPA will anonymize your personal data as soon as we no longer need it for IPA’s research. Data that cannot be linked to you personally may be used for research and academic publications. Only information that does not identify you may be shared with other people or organizations. You may be contacted to participate in a follow-up or another study at a future date.

1. **Contact Information (Further Questions) – Please list both:**

Project Associate/Coordinator name and ***local*** phone number, if they have questions about the research study.

A reviewing IRB / REC and their contact information, if they have questions about their rights as research participants

1. **Questions:**

Do you have any further questions?

**Response:**If I have answered all your questions, do you agree to participate in this study? (Surveyor should indicate subject’s response or have them sign their name.)

Yes\_\_\_\_ No\_\_\_\_

Do you agree to be contacted in the future for follow-up surveys?

Yes\_\_\_\_ No\_\_\_\_

Do you agree to be recorded?

Yes\_\_\_\_ No\_\_\_\_

Do you agree to have the GPS coordinates recorded?

Yes\_\_\_\_ No\_\_\_\_