

## #2: SAMPLE CONSENT FORM

University of Maryland, College Park, MD

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Initials \_\_\_\_\_ Date \_\_\_\_\_

Project Title

### Uncovering and Addressing Cultural Beliefs behind Vaccine Racial Disparities

**[Key Element #3: Who is conducting the study,  
Key Element #2: Why you were asked to join,  
Key Element #1: Purpose]**

#### Purpose of the Study

This research is being conducted by Sandra Quinn at the University of Maryland. We are inviting you to participate in this research project because we are interested in the views, perspectives and opinions of people like you. The purpose of this research is to understand why some people are less likely to get routine or “emergency – type” (like H1N1) vaccinations. In particular, we are interested in learning more about the difference between the perspectives of White and Black/African America adults on this topic. The ultimate goal of the research is to create better health and well-being for the African American community in particular as this group currently experiences worse health and health outcomes than Whites.

**[Key Element #6: What you will be doing,  
Key Element #7: Incentives]**

#### Procedures

The first phase of this project is focus groups where you will be asked about your opinions, beliefs, and experiences regarding vaccines in a group setting. The conversation will be recorded and transcribed (written out) for analysis. This will help researchers understand the messages and themes that are revealed through the discussion. You will receive a \$30 incentive for your participation.

**[Key Element #4: Potential risk]**

#### Potential Risks and Discomforts

Any anticipated risk of physical, social, legal or other harm is minimal. You will not be asked to reveal sensitive information. Group discussion will not include any topic generally accepted to be sensitive. You should feel free to decline to answer any question asked. Given these conditions, there is minimal risk that you will experience any psychological or social discomfort from your participation.

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**[Key Element #5: Potential benefits]**

**Potential Benefits**

There are no direct benefits to you. However, you might experience personal satisfaction from participation in a study that may have positive public health implications for the African American community.

**[Key Element #10: Privacy and Confidentiality]**

**Confidentiality**

During focus groups, you will be asked to identify yourself by your first name only to protect your privacy. After data (audiotapes and transcriptions) is collected, Any potential loss of confidentiality will be minimized by procedures to ensure privacy. For example, transcripts and records of focus groups will not include your name. In addition, all data and any identifying information will be stored in a locked file cabinet and electronic files will be password protected. Only a small group of trained University of Maryland researchers and staff will have access to these files.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland or governmental authorities if you or someone else is in danger or if we are required to do so by law.

**Medical Treatment**

The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

**[Key Element #9: Participation is voluntary]**

**Right to Withdraw and Questions**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:

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**[Key Element #8: Contact information]**

Sandra Quinn, PhD  
University of Maryland  
College Park, MD

[REDACTED]  
[REDACTED]

**Participant Rights**

If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:

University of Maryland  
Institutional Review Board Office

College Park, MD

[REDACTED]  
[REDACTED]

This research has been reviewed according to the University of Maryland IRB procedures for research involving human subjects.

**Statement of Consent**

Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.

If you agree to participate, please sign your name below.

**Signature and Date**

**NAME OF SUBJECT**  
[Please Print]

**SIGNATURE OF SUBJECT**

**DATE**

