**Consent Form**

Click here to enter name of research project

**Introduction and Background Information**

 You are invited to take part in a research project titled Click here to enter Name of Research project. This project is designed to Click here to enter purpose of your research project. You were selected to participate in this project because Click here to describe inclusion critera. I am planning on enrolling Click here to enter number of subjects you plan on enrolling.

If you have any questions while I am reading off and explaining the consent form, feel free to ask any questions and I will gladly explain in greater detail in a language understandable to you. This project is led by Click here to enter name of PI and I am Click here to enter qualifications or location of work.

**Procedures**

 If you agree to participate in this project I will ask you the following questions or to perform the following procedures: Click here to describe the questions or procedures. The duration of your participation in the project will take Click here to enter approximately number of minutes or hours and number of times of participation.

**Risks of Participation**

 There is always minimal risk(s) associated with any given research project. The risks associated with this project are Click here to describe risks associated with project. In the event there is any research related injuries, the following organizations are provided Click here to enter phone numbers and name of organization to contact.

**Benefits of Participation**

 There are Click here to describe the benefits.

**Compensation**

 You will Click here to describe compensation.

**Confidentiality**

 The data collected under this project will be kept private, stored in a locked filing cabinet, and protected on a password encrypted computer. Other precautions taken Click here to describe other precauations taken. The data collected as part of this research project will be stored Click here to enter time frame. Only Click here to enter names of individuals who will have access to the data.

**Voluntary Enrollment**

You decision to enroll or not enroll in the above research project is voluntary, and will not affect your benefits that you are entitled to as a member of the tribe or US citizen. If you decide to enroll, you may withdraw at any given time and your decision to withdraw will not result in a loss of benefits that you are entitled to. **If you decide not to enroll, please say so now.**

**Contact Information**

Click here to enter Name of PI is the principle investigator. If you have any questions, feel free to ask them at this time. If you have any questions or concerns with the research project, and would like to talk with someone other than the principle investigator, you may contact the Click here to enter name of IRB University Institutional Review Board at Click here to enter phone number or an email address. Additionally, you may contact your own Turtle Mountain Band of Chippewa Indians Research Review Board at 701-477-5526 if you feel more comfortable asking questions to local tribal members.

**Statement of Consent:**

I have read the above information, I have decided to consent to participate in the research project, and will be given a copy of the consent form for my records.

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Participant Name (Printed)

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Participant Signature

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Principle Investigator Signature