**WHAT ELSE DO I NEED TO KNOW?** *Add any pertinent information here. This may be an appropriate site for LAYERED consent item, e.g., if participants are being asked to complete different steps of the research; a survey, interview, being audiotaped, having blood samples stored, or having data used for other research.*

This section should be inserted before the signature block.

Research with multiple activities. Provide your participants the opportunity to document what they would like to participate in.

Please initial by each research activity listed below that you are volunteering to participate in.

* Researchers can observe me in the course of my daily work activities \_\_\_\_(initials)
* I will participate in an interview \_\_\_\_ (initials)
* Researchers may take photos of me \_\_\_\_ (initials)

If you would like to follow-up with participants, please give them the opportunity to let you know if s/he gives you permission to re-contact

Do you give permission for the researchers to contact you again in the future to follow-up on this study or to participate in new research projects? Please initial next to your choice below.

* Yes \_\_\_\_\_\_ (initials)
* No \_\_\_\_\_\_ (initials)

Permission to audiotape/video tape interviews or interventions

The researchers would like to audiotape your interview to be sure that your comments are accurately recorded. Only our research team will have access to the audiotapes, and they will be destroyed when they have been transcribed [*If you will be using the audiotapes for other research or teaching purposes, give the participants the opportunity to give their permission for this here*].

Do you give the researchers permission to audiotape your interview? Please initial next to your choice below.

* Yes, I agree to be digitally recorded \_\_\_\_\_\_ (initials)
* No, do not audiotape my interview \_\_\_\_\_ (initials)

Permission to use direct quotes

Please let us know if you would like your comments to remain confidential or attributed to you. Please initial next to your choice below.

* I give permission for comments I have made to be shared using my exact words and to include my (name/position/title). \_\_\_\_\_\_ (initials)
* You can use my data for research and publishing, but do NOT associate my (name/position/title) with direct quotes. \_\_\_\_\_\_ (initials)

Permission to access course grades/assignments

After your course grade has been submitted for the semester, the researchers would like to use your assignment grades and final paper for research purposes. When we share the results of the study, your name will not be linked to the data.

Do you give permission for your classroom grades and assignments to be used for research purposes? Please initial next to your choice below.

* Yes, I agree that my classroom grades and materials can be used for research purposes \_\_\_\_\_\_ (initials)
* No, do not use my classroom grades and materials for research purposes \_\_\_\_\_ (initials)

Permission to use human specimens kept from this study for future research

**RETENTION OF BLOOD SAMPLES:**

You should understand that we plan to keep any extra blood that is not used in the analysis of this study in a freezer in our lab. It is very possible that we will use all of the blood obtained in this study and will have none left, but in the event that we do, we would like your permission to keep the samples so that they can be used for further research. We will use these samples in the future solely for the additional research on xxx and xxx. Your stored samples will be coded in such a way that your confidentiality will be maintained (you will be identified as a number rather than a name). Only the Principal Investigator (Dr. xxx) and members of the research team will have access to the coding system for your samples.

By checking ‘YES’ below and signing the accompanying line, you are agreeing to allow the investigators to retain any blood samples obtained during this study. If you do not wish the investigators to retain your samples, please check the box marked ‘NO’ and also sign on the accompanying line:

*The investigators may keep any blood samples obtained during the course of this study for future research*

**YES🞏NO🞏 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**