**Project Title:** Click or tap here to enter text.

**Principal Investigator:** Click or tap here to enter text.

**Co-investigators:** Click or tap here to enter text.

**Statement of Risk:** Describe any coronavirus-specific risk that participants may experience from involvement in your study. Please address the frequency and time length of face-to-face interactions, as well as any other environmental factors that may affect risk (e.g., room size, number of participants, ventilation).

Click or tap here to enter text.

1. **Researcher Precautions to Reduce Risk:**

What precautions are being taken to reduce the chance of coronavirus exposure to participants and researchers? Be specific regarding COVID-19 guidance for laboratory safety practices (<https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-safety-practices.html>). Describe any protective equipment that will be issued, social distancing procedures, pre- and post-study disinfection procedures, and any other information regarding safety protocols.

Click or tap here to enter text.

1. **Participants Precautions to Reduce Risk:**

What precautions should be taken by the participant to reduce the chance of coronavirus exposure to participants and researchers? Describe personal protective equipment (PPE) the participant should bring to the study (e.g., facemasks), medical conditions that must be met (e.g., no fever, no exposure with 24 hours), and any other information regarding participant behaviors. Make sure to indicate mandatory versus recommended precautions.

Click or tap here to enter text.

1. **Statement of Necessity:**

Provide a brief explanation for participants of why face-to-face interaction is necessary for the current study.

Click or tap here to enter text.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary and you may refuse to complete the study at any point during the experiment. There is no penalty if you decline to participate or stop your participation at any time. You may also stop at any time and ask the researcher any questions you may have.

**Contacts and Questions:**

You may ask any questions you may have regarding this study’s precautions. If you have questions later, or feel that adequate precautions were not followed, you may contact the faculty advisor to this project, Dr. Advisor at xxx-xxx-xxxx or yadvisor2@washcoll.edu, or Washington College’s IRB chair, Dr. Tia Murphy at tmurphy2@washcoll.edu

**Statement of Consent:**

I have read the above information. I have asked any questions I had regarding the risks, and they have been answered to my satisfaction. I consent to participate in this study.

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_