**CONSENT TO AUDIOTAPING AND TRANSCRIPTION OF INTERVIEW**

*[Insert Study Title]*

*[Principal Investigator Name, Department]*

*[Co-Investigator Name, Department (if applicable)]*

This study involves the audiotaping of your interview session with the study investigator. Neither your name nor any other identifying information will be associated with the audiotape or the transcript. Only the research team will have access to or listen to the tapes.

The tapes will be transcribed by the investigator or co-investigator and erased once the transcription is checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from the study.

Immediately following the interview, you will be given the opportunity to have the audiotape erased if you wish to withdraw consent to taping or participation in this study.

Indicate your agreement to each procedure by checking the appropriate box and signing below. If you do not agree to audio-taping, do not complete this document.

□ I agree to having my interview audio-taped.

□ I agree to having the audio-taped transcribed.

□ I agree to the use of the written transcript in presentations and written products.

This consent for audio-taping is effective until *[insert date].* On or before that date the tapes will be destroyed.

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Signature of Participant Date

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Printed Name of Participant

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Signature of Person Obtaining Consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Obtaining Consent

IRB STAMP