NDSU Dept of XYZ, Address, Phone Number

Dear Sensory Panelist,

People 18 years of age and older are being invited to participate in a research study to evaluate {describe product to be evaluated}. This project is being conducted by {the Principal Investigator and other key personnel} from {Associated Department} at North Dakota State University.

PURPOSE OF THE STUDY: {Describe the project goals of the study.}

Details:

Dates: {Add study specific information}

Time Commitment: {Add study specific information Location: {Add Study specific information}

EXPLANATION OF PROCEDURES: {Add study specific information. Details should include what participants will be asked to do, what types of ratings they will make, etc.}

VOLUNTARINESS: You may choose to not participate in this study. However, if you choose to participate your participation is voluntary and you may withdraw from participation at any time without penalty. If you withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or North Dakota State University. Your assistance would be greatly appreciated in making this a meaningful study.

PRIVACY & CONFIDENTIALITY: All the information obtained during the testing procedures will remain confidential and not seen by other panelists or individuals not associated with this study. Your identity will not be revealed in the experiment results. Only group comparisons will be made and reported in summary form. Furthermore, we will assign you a code or you may select one to use in all training and sensory activities. Data will be stored on a password protected computer, accessible only to the investigators of the study.

POTENTIAL BENEFITS AND RISKS: (*Suggested language, modify as appropriate*) Results of this test will be helpful in determining {describe what you are hoping to learn/evaluate}. No direct benefit will be received from participation in the study. However, improvements in {Any expected improvements may be listed} would be expected to help the population in general. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known risks. If you are known to be sensitive to any food or food ingredient, or have had violent allergic reactions to drugs, chemicals, or food ingredients, you should not participate in this study.

INCENTIVE: {If you are offering an incentive for participating include information here.}

CONTACT INFORMATION: If you have any questions about this project, please contact me at {Name of PI} or 701-231- XXXX or via email {address@ndsu.edu}.

PARTICIPANT RIGHTS: You have rights as a research participant. If you have questions about your rights or complaints about this research, you may talk to the researcher or contact the Research Integrity & Compliance office at 701.231.8995 or via email at ndsu.irb@ndsu.edu. The Institutional Review Board is a committee which works to protect your rights and welfare as a participant in NDSU research.

**Documentation of Informed Consent:**

You are freely making the decision to be in this research study. By signing this form, you are indicating that:

1. You are 18 years of age or older,
2. you have read and understood this consent form,
3. you have had your questions answered,
4. you have decided to be in the study.

You will be given a copy of this consent form to keep.

Your Signature Date

Your printed name Date