An Informed Consent Statement has two purposes: (1) to provide adequate information to potential research subjects to make an informed choice as to their participation in a study, and (2) to document their decision to participate. In order to make an informed choice, potential subjects must understand the study, how they are involved in the study, what sort of risks it poses to them and who they can contact if a problem arises (see informed consent checklist for a full listing of required elements of consent). Please note that the language used to describe these factors must be understandable to all potential subjects, which typically means an eighth grade reading level. The informed consent form is to be read and signed by each subject who participates in the study before they begin participation in the study. A duplicate copy is to be provided to each subject.

If subjects are minors (i.e. any subject under the age of 18) use the following guidelines for obtaining consent:

- **0-5 years old** – requires signature of parent(s)/guardian/legal representative
- **6 – 10 years old** - requires signature of parent(s)/guardian/legal representative and verbal assent from the minor. In this case a minor assent script should be prepared and submitted along with a parental consent form.
- **11 - 17 years old** - requires signature of both minor and parent/guardian/legal representative

If the subject or legal representative is unable to read and/or understand the written consent form, it must be verbally presented in an understandable manner and witnessed (with signature of witness). If there is a good chance that your intended subjects will not be able to read and/or understand a written consent form, please contact the IRB office 919-515-4514 for further instructions.

*For your convenience, attached find a sample consent form template that contains necessary information. In generating a form for a specific project, the principal investigator should complete the underlined areas of the form and replicate all of the text that is not underlined, except for the compensation section where you should select the appropriate text to be used out of several different scenarios.

*This consent form template can also be adapted and used as an information sheet for subjects when signed informed consent is waived by the IRB. An information sheet is usually required even when signed informed consent is waived. The information sheet should typically include all of the elements included below minus the subject signature line; however it may be modified in consultation with the IRB.*
Title of Study
Consumer Perceptions of Food Safety in Grocery Stores

Principal Investigator
Katrina Levine

Faculty Sponsor (if applicable)
Benjamin Chapman

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is for us to learn about your perceptions of food safety while shopping at the grocery store (i.e.: whether or not you think the product or situation is safe or unsafe in terms of food safety). This research project includes conducting several focus groups with participants who regularly purchase from the grocery store and are main meal preparers of the family. We are requesting that you participate in one focus group that will last no longer than two-hours and will have no more than 11 additional participants. During this focus group, we will show you a series of photos of the inside of a grocery store and ask you to share your thoughts on the food safety risk, if any, that you perceive from the photos. This research is being conducted as part of a research project, and may be published; however, your answers and participation will be kept confidential.

What will happen if you take part in the study?
During this focus group, we will discuss the photos and your thoughts on the safety of each in terms of food safety. One individual will lead the session and will ask the questions, while another will take note of your answers. The focus groups will be audio recorded to ensure accurate collection of your comments. The audio recordings will be kept on a secure computer and will not be shared with anyone. After the discussion is over, we will stop the recording and will answer any additional questions you have about the study or what was discussed during the focus group. You will then fill out a short demographics survey before receiving your compensation.

Risks
There are minimal risks associated with participation in this research

Benefits
There are no direct benefits to you; no promise or guarantee of benefits has been made to encourage you to participate. However, you may contact the researchers for a summary of the study results.

Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Individual names will be assigned pseudonyms. At no time will information be released that allows any participants to be identified. Only the research team will have access to the data. Data will be stored on a secured computer. Although we will audio record our discussion, once the recording has been transcribed, the audio recording will be destroyed at the end of the project. No reference will be made in oral or written reports that could link you to the study. It is possible that the Institution Review Board (IRB) of NC State University may view this study’s collected data for auditing purposes.

Compensation
At the completion of the session, you will receive a $30 Amazon gift card as a thank you for your time.

What if you have questions about this study?
If you have questions at any time about the study or the procedures, you may contact the researcher, Katrina Levine, at 512 Brickhaven Dr., Suite 220, Raleigh, NC, 27607 or (919) 515-1788.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.

Consent To Participate
“T have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature_______________________________________ Date __________________
Investigator's signature____________________________________ Date __________________