Sample Consent Form for a Non-Clinical Study

1. Study Title: Association between Drug Usage and Migraine Headaches: Effects of Migraine Headaches on Attention

2. Performance Site: Louisiana State University and Agricultural and Mechanical College

3. Investigators: The following investigators are available for questions about this study, M-F, 8:00 a.m. - 4:30p.m.
   Dr. John Doe 578-0001
   Dr. Jane Smith 578-1002

4. Purpose of the Study: The purpose of this research project is to determine whether there is an association between controlled drug use and migraine headaches and whether migraine headaches alter one's ability to concentrate.

5. Subject Inclusion: Individuals between the ages of 18 and 65 who do not report psychological or neurological conditions. To participate in this study you must meet the requirements of both the inclusion and exclusion criteria.

6. Number of subjects: 50

7. Study Procedures: The study will be conducted in two phases. In the first phase, subjects will spend approximately 20 minutes completing two questionnaires, one about migraine headache symptoms; and the other, about past or current psychological diagnoses and alcohol and drug use. In the second phase, subjects will spend approximately two hours completing 8 tests of attention. I will be audio or video recorded when discussions arise.

8. Benefits: Subjects will be paid $10 to participate in the study. Additionally, the study may yield valuable information about migraine headaches.

9. Risks: The only study risk is the inadvertent release of sensitive information found in the second questionnaire. However, every effort will be made to maintain the confidentiality of your study records. Files will be kept in secure cabinets to which only the investigator has access.

10. Right to Refuse: Subjects may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.

11. Privacy: Results of the study may be published, but no names or identifying information will be included in the publication. Subject identity will remain confidential unless disclosure is required by law.

12. Signatures:

The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. For injury or illness, call your physician, or the Student Health Center if you are an LSU student. If I have questions about subjects' rights or other concerns, I can contact Dennis Landin, Institutional Review Board,(225) 578-8692, irb@lsu.edu, www.lsu.edu/irb. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Subject Signature:_____ Date:_____