

KANSAS STATE UNIVERSITY

INFORMED CONSENT TEMPLATE

PROJECT TITLE: Impacts of agronomic practices in wheat grain yield and quality in Kansas: an on-farm assessment.

APPROVAL DATE OF PROJECT: _____ **EXPIRATION DATE OF PROJECT:** _____

PRINCIPAL INVESTIGATOR: CO-INVESTIGATOR(S): Romulo Lollato, Ph.D., Brent Jaenisch

CONTACT AND PHONE FOR ANY PROBLEMS/QUESTIONS: Romulo Lollato, 785- 532-0397, lollato@ksu.edu

IRB CHAIR CONTACT/PHONE INFORMATION: Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS, (785) 532-3224

SPONSOR OF PROJECT: Kansas Wheat Commission

PURPOSE OF THE RESEARCH: Winter wheat production is the most widely grown crop in Kansas, being a valuable economical commodity for wheat producers in the state. To further understand which production practices are consistently leading to better profit and yields in different regions of Kansas, we will survey wheat producers throughout the state collecting data about typical management practices adopted in their fields, as well as wheat yield, for later analyses to find the common winter wheat production practices consistently increasing yield and profit.

PROCEDURES OR METHODS TO BE USED: Farm or Phone Interviews

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:

N/A

LENGTH OF STUDY: 60-90 minutes

RISKS ANTICIPATED: No anticipated risks

BENEFITS ANTICIPATED: Producers will have an opportunity to help contribute to identifying opportunities for increasing the productivity and profitability for Kansas wheat production.

EXTENT OF CONFIDENTIALITY: Producers will be assigned an id that disassociates their name from the farm data prior to statistical analyses.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: No

PARENTAL APPROVAL FOR MINORS: _____

TERMS OF PARTICIPATION: I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any

time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the P.I. to maintain a signed and dated copy of the same consent form signed and kept by the participant

Participant Name: _____

Participant Signature: _____

Date: _____

Witness to Signature: (project staff) _____

Date: _____