**CONSENT TO TAKE PART IN A RESEARCH STUDY**

This template should be used when obtaining consent from adults to take part in non-interventional minimal-risk research that proposes to conduct ONLINE survey or questionnaire research, with or without a subject’s signature required. If the research is being conducted to develop commercial instruments or make educational decisions, render diagnoses or clinically-actionable information about individual subjects, or is deemed greater than minimal risk, use instead the consent template titled Adult Consent Template for Non-Interventional Research” found at <https://orra.rutgers.edu/formsandtemplatesirb>.

**INSTRUCTIONS:**

* **[BLUE]** highlighted text provides instructions to guide you in constructing the consent document.
* **Delete all instructional text** prior to uploading the document to e-IRB.
* The consent document should be written at a 6th to 8th grade reading level.

**TITLE OF STUDY:** [Add the Title of the study here.]

**Principal Investigator:** [Add the PI’s name and credentials here (i.e. M.D., Ph.D., etc.).]

This online consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in the study. It is your choice to take part or not. Ask questions if there is anything in the form that is not clear to you. If you decide to take part, instructions at the end of document will tell you what to do next. Your alternative to taking part in the research is not to take part in it.

**Who is conducting this research study and what is it about?**

You are being asked to take part in research conducted by [insert name of PI] who is a [insert your role w/in Rutgers graduate student, professor, physician, etc.] in the Dept. of [specify]. The purpose of this study is to [state the purpose]. We anticipate *[specify #]* subjects will take part in the research.

**What will I be asked to do if I take part?**

The [survey or questionnaire] will take about [state in minutes or hours] to complete it.

**What are the risks and/or discomforts I might experience if I take part in the study?**

[Describe in lay language any risks and/or discomforts of taking part in the research. Breach of confidentiality if data were accidentally disclosed is a possible harm. Also, if questions are sensitive, psychological stress may result. If applicable, details about where subjects may seek help—such as student health services—should be provided.] Breach of confidentiality is a risk of harm but a data security plan is in place to minimize such a risk. Also, some questions may make you feel uncomfortable. If that happens, you can skip those questions or withdraw from the study altogether. If you decide to quit at any time before you have finished the [survey or questionnaire] your answers will NOT be recorded.

**Are there any benefits to me if I choose to take part in this study?**

There no direct benefits to you for taking part in this research. You will be contributing to knowledge about [briefly describe what you hope to learn from the research].

**Will I be paid to take part in this study?**

[State whether subjects will be paid for taking part in the research. If yes, state what the form of the payment will be [gift card, name in raffle, cash, RU points, etc.], what they have to do to qualify for it [complete part or all of the survey] and when/how they will receive it [link to a gift card or coupon, mailed to them, etc., within 2 weeks.] [If subjects will not be paid, state:] You will not be paid to take part in this study.

**How will information about me be kept private or confidential?**

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed. [Choose only the text that is applicable to the research. Modify the text to reflect your data security plan. Then **delete** all other text that does not apply:

* [If the research is **Anonymous**:] We will use [name the online data collection application, i.e., such as Qualtrics] to collect and forward your anonymous responses to us. We will not receive any information that can identify you or other subjects. We will download your responses to a secure file that requires a password to access. Only study staff will have access to the password. Responses will be deleted from the file [state when data will be destroyed:] after analysis is complete and study findings are professionally presented or published. [**OR** state:] There is no plan to delete the responses. We plan to study the data for some time.
* [If the researchcollects **Identifiable** information:] We will use [name the online data collection application, such as Qualtrics] to collect and forward your responses to us. We [will **OR** will not] know your IP address when you respond to the online research. We will ask you to include [specify what identifiers you will ask them for] when you complete the [survey or questionnaire]. Your [IP address and] identifiable information [will **OR** will not] be stored with your responses. [If not, say:] Instead, your responses will be assigned a subject # which will be stored separately from your responses so others will not know which responses are yours. [State when the identifiers will be destroyed, for example:] Once data collection is complete, your identifiable information will be destroyed so no link will exist between your identity and your responses. [**OR** another example:] We will securely store the key code linking your responses to your identifiable information in a separate password protected file which will be destroyed after data analysis is complete and study findings are professionally presented or published.

No information that can identify you will appear in any professional presentation or publication.

**What will happen to information I provide in the research after the study is over?**

Choose a scenario. Then **delete** the one that does not apply to the research:

* If you do not plan to use or distribute subjects’ data—with or without identifiers removed—for secondary research: The information collected about you for this research will not be used by or distributed to investigators for other research. **OR**
* If you plan, or think you may at some future time, use or distribute de-identified data for secondary research: [If collected anonymously:] Responses may be used or distributed to investigators for other research without obtaining additional informed consent from you. [**OR**, if collected with identifiers:] After information that could identify you has been removed, de-identified responses may be used by or distributed to investigators for other research without obtaining additional informed consent from you.

**What will happen if I do not want to take part or decide later not to stay in the study?**

Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. In addition, you can choose to skip questions that you do not wish to answer. If you do not click on the ‘submit’ button after completing the form, your responses will not be recorded. [If the research is **Anonymous**:] However, once you click the ‘submit’ button at the end of the form, your responses cannot be withdrawn as we will not know which ones yours are. [If the research collects **Identifiable** Information:] You may also withdraw your consent for use of data you submit, but you must do this in writing to the PI [State PI name here.]

**Who can I call if I have questions?**

If you have questions about taking part in this study, you can contact the Principal Investigator: [Provide investigator’s name, Department and Rutgers contact number or email address.][For students only: You can also contact my faculty advisor [provide name and Rutgers contact info.]

If you have questions about your rights as a research subject, you can contact the IRB Director at: List **ONLY** the IRB reviewing your research. Then delete the other 2 IRBs: Newark HealthSci (973)-972-3608; **OR** New Brunswick/Piscataway HealthSci IRB (732) 235-9806 **OR** Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at [humansubjects@ored.rutgers.edu](mailto:humansubjects@ored.rutgers.edu).

Please print out this consent form if you would like a copy of it for your files.

If you do not wish to take part in the research, close this website address. If you wish take part in the research, follow the directions below: [**Delete** the option that does not apply to your research.]

1. **Subject’s signature is NOT required:**

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty. Click on the link that will take you to the [survey or questionnaire.] add LINK here.

1. **Subject’s electronic ‘signature’ is REQUIRED:**

I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation without penalty.

Subject Name (printed):

Subject’s Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click on the "I Agree" button to confirm your agreement to take part in the research. [Be sure “I Agree” links them to the survey/questionnaire” and “I Do Not Agree” closes the website.]

   