**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 a PAPER survey or questionnaire. 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 template titled Adult Consent Template for Non-Interventional Research” found at <https://orra.rutgers.edu/formsandtemplatesirb>.

**INSTRUCTIONS:**

* **[BLUE]** highlighted text provide 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 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 this study. It is your choice to take part or not. After all of your questions have been answered and you wish to take part in the research study, you will be asked to sign this consent form. You will be given a copy of the signed form to keep. 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 being conducted by [name of PI] who is a [state 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].

**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. We anticipate [state the #] subjects will take part in the study.

**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, mailed to them, etc., within 2 weeks.] [If subjects will not be paid:] 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 not collect any information that can identify you or other subjects. Completed forms will be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data [state a length of time consistent w/protocol]. [**OR**, if you have no plans to delete the data state:] There is no plan to delete the responses. We plan to study the data for some time.
* [If the research collects **identifiable** information:] We will ask you to provide [specify what identifiers you will ask them for] when you complete the [survey or questionnaire]. This identifiable information [choose: 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:] When 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 you 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 may skip questions that you are not comfortable answering. You may leave without turning in a completed form or by turning in a blank or incomplete form. [If the research is **Anonymous**:] However, once you turn in the form, you can no longer withdraw your responses 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 submitted, 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.

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

[**SIGNATURE SECTION OPTIONS**: (**Delete** the option that does not apply.]

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

By beginning this research, you acknowledge that you have read the information and agree to take part in the research, with the knowledge that you are free to withdraw your participation without penalty.

(2) **Subject’s signature IS REQUIRED**:

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| **AGREEMENT TO PARTICIPATE****Subject Consent:**I have read this entire consent form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form and this study have been answered. I agree to take part in this study.Subject Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Investigator/Individual Obtaining Consent:**To the best of my ability, I have explained and discussed all the important details about the study including all of the information contained in this consent form. Investigator/Person Obtaining Consent (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |