**CONSENT TO TAKE PART IN ANONYMOUS RESEARCH**

This template should be used when obtaining consent from adults to take part in non-interventional minimal-risk research that proposes to collect only anonymous information from subjects. 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** before submitting 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. Your alternative to taking part in the research is not to take part in it.

**Whos conducting the study and what is it about?**

You are invited to take part in a research study that is being conducted by [Investigator name], who is a [specify, student, professor, etc.] in [specify Department, School, Unit] at Rutgers University. The purpose of the research is to [state the purpose in lay language; avoid scientific terms].

Dr. [PI] may be reached at [provide PI’s contact phone number and address].

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

 You will be asked to [describe the procedures that will take place during the study, preferably itemizing them in chronological order. Be sure to highlight any procedures that are experimental.] The information will be anonymously collected. No one will know which responses are yours. Your participation in the study will be about [state length of time, e.g., minutes/hours, days, etc.] We anticipate [specify #] subjects will take part in the study.

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

The risks and discomforts you might experience by taking part in this research include [describe in lay language risks of harm or discomforts for each procedure—include physical, psychological, or social risks of harm if applicable. If you do not anticipate any risks of harm or discomforts, simply state: “We do not foresee risks to subjects participating in this study.”]

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

The benefits of taking part in this study may be [list possible direct benefits of participation, if any]. However, it is possible that you may receive no direct benefit from taking part in this study.

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

You will be paid [Specify what and when the subject will be paid to take part in the research. **OR** If the subject will not be compensated, state instead:] You will not be paid to take part in this study.

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

The research is anonymous. No information will be collected that can identify who you are. Additionally, to keep the data safe we [Provide a description of how data will be stored and secured and who will have access to them. Study data will be kept for [Specify length of time identifiers will be retained, e.g., destroyed upon completion of study procedures/data collection, 3 years after study completion, or that the identifiers will not be destroyed.]

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

After the study is over the information collected for this research will not be used or distributed to investigators for other research. [**OR**, if you plan or think you may conduct secondary research at some future point, say instead:] After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties [add any other entity that may have access to research data, such as a Sponsor of the research, if applicable] that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

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

It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. *[If applicable, add:* In addition, you can choose to skip questions that you are not comfortable answering.*]* If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once you have submitted your responses, you may no longer withdraw them as we will not know which ones yours are.

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, concerns, problems, information or input about the research or would like to know your rights as a research subject, you can contact the Rutgers IRB or the Rutgers Human Subjects Protection Program via phone at (973) 972-3608 or (732) 235-2866 or (732) 235-9806 OR via email irboffice@research.rutgers.edu, or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

[For PAPER Studies:]

We will provide you a copy of this consent form for your records.

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.

[For ONLINE Studies:]

Please print a copy of this consent form for your records.

If you are 18 years of age or older, understand the statements above, and consent to take part in the study, click on the "I Agree" button to begin the research.   If not, please click on the “I Do Not Agree” button which exit you from this screen/program.

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