**[USE YOUR DEPARTMENT LETTERHEAD]**

**CONSENT TO TAKE PART IN RESEARCH**

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 participant’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 participants, or is deemed greater than minimal risk, use instead the consent template titled [15.302 (HRP-503b) Adult Consent Template for Non-Interventional Research](https://research.rutgers.edu/researcher-support/research-compliance/human-research-protection-program/toolkit#tab=panel-2&chapter=general-consent-templates-17280)

If using for Parental Permission, please revise the language to read as though this were directed to a parent/guardian (changing “you” and “you’re” to “your child”.)

**INSTRUCTIONS:**

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

**TITLE OF RESEARCH:** [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 research, and it will provide information that will help you decide whether you want to take part in the research. It is your choice whether 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 the 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 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 research is to [state the purpose]. We anticipate [specify #] participants will take part in the research.

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

If you agree to take part in this research, you will be asked to [read a scenario and] complete a [survey or questionnaire]. The [survey or questionnaire] will take about [state in minutes or hours] to complete it.

[Add any additional research procedures not already indicated]

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

Breach of confidentiality is a risk of harm, but a data security plan is in place to minimize such a risk. [add if applicable:] Also, some questions may make you feel uncomfortable. If that happens, you can skip those questions or withdraw from the research altogether. [add if applicable:] If you decide to quit at any time before you have finished the [survey or questionnaire] your answers will NOT be recorded.

[Describe in lay language any additional risks and/or discomforts of taking part in the research. If applicable, details about where participants may seek help—such as student health services—should be provided.]

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

It is possible that there are 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 research?**

[If participants will be compensated, 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 participants will not be paid, state:] You will not be paid to take part in this research.

**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 responses to us. We will not receive any information that can identify you or other participants. We will download your responses to a secure file that requires a password to access. Only research staff will have access to the password.

[If the researchcollects **Identifiable information** **(names, contact information, IP addresses, etc..)**:] We will use [name the online data collection application, such as Qualtrics] to collect and forward your responses to us. We [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 [OR will not] be stored with your responses. [If not, say:] Instead, your responses will be assigned a participant # 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.

[Choose only the text that is applicable to the research.] Responses will be deleted from the file six years after analysis is complete [if longer, state when data will be destroyed]. [**OR** state:] There is no plan to delete the responses. We plan to study the data for some time.

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 research is over?**

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

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.] However, once we have removed identifiers, you can no longer withdraw your responses as we will not know which ones are yours.

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

If you have questions about taking part in this research, 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 PI’s 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 participant, you can contact the Rutgers IRB/Human Research Protection Program via phone at (973) 972-3608 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.

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:

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

**Please use the below when the** **participant’s signature is NOT required add:**

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.

**Please use the below when the participant’s electronic ‘signature’ is REQUIRED add:**

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.

Participant Name (printed):

Participant’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.]

   