**[USE YOUR DEPARTMENT LETTERHEAD]**

**CONSENT TO TAKE PART IN RESEARCH**

This template should be used when obtaining consent from adults to participate in non-interventional minimal-risk research that proposes conducting 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 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 it 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]** highlighted 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 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. After all your questions have been answered and you wish to take part in the research, you will be asked to provide your consent. You will be given a copy of this form to keep. 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 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] at Rutgers University. The purpose of this research is to [state the purpose]. We anticipate [state the #] 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 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 are 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, mailed to them, etc., within 2 weeks.]

[If participants will not be paid:] 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 not collect any information that can identify you or other participants. 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 research team. Paper copies will then be destroyed.

[If the research collects **identifiable** information **(names, contact information, etc..)**:] 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** 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:] 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 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 the 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 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.] 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 the 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 Institutional Review Board (IRB) /Human Research Protection Program via phone at (973) 972-3608 or (732) 235-9806,  via email [irboffice@research.rutgers.edu](mailto:irboffice@research.rutgers.edu), or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

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.]

**Please use the below when the** **participant’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.

**Please use the below when the participant’s signature IS REQUIRED**:

|  |
| --- |
| **AGREEMENT TO PARTICIPATE**  **Participant 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 research have been answered. I agree to take part in this research.  Participant Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant 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 research including all of the information contained in this consent form.  Investigator/Person Obtaining Consent (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |