Viterbo University Institutional Review Board ● 900 Viterbo Dr ● La Crosse, WI 54601 ● 608-796-3097

ELECTRONIC SURVEY INFORMED CONSENT FORM TEMPLATE

Instructions: **This template serves as a model to develop an informed consent form for electronic survey research. The template is designed so that you can replace instructions (in blue) with information relevant to your study. Instruction boxes should be deleted before copying your informed consent form to survey software. The informed consent language should have a Viterbo University logo on the page or a clear designation that the survey is a Viterbo University project.**

TITLE OF PROJECT:

_____

NAME OF INVESTIGATOR(S):

_____

PHONE OF PRIMARY INVESTIGATOR:

_____

EMAIL OF PRIMARY INVESTIGATOR:

_____

ADVISOR'S NAME for this PROJECT:

_____

ADVISOR'S EMAIL:

_____

Statement of Purpose

This section should include a statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.

You are invited to participate in a research study being conducted by **(name investigators)** at Viterbo University. The purpose of this research is to **(state the purpose)**. We hope to learn **(state what the study is designed to discover or establish)**. You were selected as a possible participant in this study because **(state why and how the participant was selected)**. If you decide to participate,

you will be asked to **(describe the procedures to be followed)**. It may take approximately **(amount of time)** to participate.

Risks

Describe any foreseeable risks to the participant, such as physical injury, psychological stress, emotional discomfort, or disclosure of sensitive information. You should not state that there are no risks; all studies have risks, even if only time and inconvenience. If more than minimal risk is present, state the precautions that will be taken to minimize the risk (e.g. a list of counseling services in the area).

Possible Examples:

- **There is a possibility that you may become uncomfortable answering the questions.**
- **There is the possibility that you may have bruising after the blood draw.**
- **Except for your time and inconvenience, there are no risks to you from participating in this study.**

Benefits

Describe any benefits to the participant or others that may reasonably be expected from the research. Do not promise benefits that are not yet known.

Possible Examples:

- **You may benefit by gaining experience and familiarity with the process of conducting research in psychology.**
- **You will have a cholesterol screening at no charge.**
- **While this study will have no direct benefit to you, this research will help us learn more about…**

Alternative Procedures (if applicable)

Describe any other treatments or procedures that might be available to the participant. If any standard treatments or procedures are being withheld due to participation in the study, they must be disclosed here. This section is not applicable for all studies.

(If applicable, describe other treatments that might be advantageous to the participant, including any standard treatments that are being withheld.)

Confidentiality

Describe the methods that will be used to protect the confidentiality of participants' information. You might explain how names will or will not be used, how data will be coded, and how data will be reported. Identify who will have access to the data. If information will be released to anyone other than the investigators (transcribers, translators, etc.), describe how confidentiality will be maintained. Describe how the data will be stored and ultimately

destroyed. Be sure to include the specific location of the data storage. Indicate how long the data will be kept. Standard length of time to keep data is 3 years.

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. Information that carries personally identifying information will be kept in locked files. This consent form, with your signature, will be stored separately from the data collected so that your responses will not be identifiable. In any written reports or publications, no one will be identified and only group data will be presented. All data will be destroyed after **(amount of time: standard amount of time is 3 years)**.

Compensation (if applicable)

Describe any compensation being offered to research participants (such as money, course credits, etc.). If there is a possibility of a research-related injury, information as to the medical treatment and compensation available should be included. Indicate how compensation will be handled if the participant withdraws from the study. This section is not applicable for all studies.

(If applicable, describe any compensation being offered to research participants, including medical treatment available if injury occurs. Indicate how compensation will be handled if the participant withdraws from the study.)

Voluntary Participation

This section should include a statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits.

Participation in this study is voluntary. Your decision whether or not to participate will not affect your future relations with Viterbo University (or any other agency) in any way. If you decide to participate, you are free to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

Whom to Contact for Answers to Questions

Explain whom to contact for answers to pertinent questions about the study and participants' rights. Explain whom to contact in the event of a research-related injury. If a student is the principal investigator, include the name and contact information for the faculty advisor.

If you have any questions about this study, please contact us at **(contact information)**. You may also contact Dr. Jennifer Anderson-Meger, Chair of Viterbo University's Institutional Review Board, at jimeger@viterbo.edu or 608-796-3722 with any concerns about this research.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

☐ Agree

☐ Disagree