

LHU IRB Consent Form *Template* for Online Surveys

TITLE OF STUDY

Primary Investigator (s): _____

Address: (*campus address or appropriate business address*)

Phone and Email: (_____) _____
(_____) _____

If there are Co-Investigators, Research Advisors, etc provide same info for them as above.

We/I invite you to participate in a study of... *[Describe the research topic and briefly state why it is a relevant topic on which to conduct research. If there are selection criteria for the study, the following wording should also appear in the first paragraph],*

You have been selected for this study because...

Investigational Procedures

If you choose to participate in this study, you will indicate your willingness by clicking below on the link to the online survey. The survey that you will complete...

[Be sure to describe what the participants will be asked to do and to estimate the amount of time required to complete the survey. It is helpful to describe the number and type of questions and to even provide an example of the questions to be asked..]

Risks and Benefits

[Note: Research conducted online must be classified as "minimal risk," and as such requires the following paragraph]

This investigational procedure does not pose any more risk than you experience in normal daily living. If you participate in this study, you may experience (*...any potential benefits to the participant...*) and the satisfaction that comes with research and discovery. We appreciate your assistance in our research effort and hope you will find the experience rewarding. We do not promise, however, that you will receive any of these benefits. *[There may also be benefits to persons or organizations beyond the participants; this information should also be stated here.]*

Privacy of Records

[If it will be possible to trace a data record back to the participant, use the following statement.]

Any information that we learn about you that can be traced to you will be used responsibly and will be protected against release to unauthorized persons. **OR**

[If there will be no way to trace a data record back to the participant, as with an anonymous survey, use the following statement.] Your data record is totally anonymous. All the information you provide will be used responsibly and will be protected against release to unauthorized persons.

[Followed by] Your data record will likely be viewed by members of the investigation team listed on this form as well as *(state who all that would be – e.g., professors of a specific class in which the research is conducted)*. By clicking on the survey link below and by submitting a completed survey, you are giving permission to use your data record in this study. The results of this study may be published in the *(state the one that applies only if publication is possible or probable -- professional, medical, educational)* literature or it may be presented *(state where – e.g., professional conference, to the students of Dr. Offutt’s PSYC308 class)*, but no publication or presentation will contain information that will identify you.

Payment

You will receive no payment or compensation of any kind for participating in this study. *[It is very difficult to compensate your participants for completing an online survey without asking them to identify themselves. If there is a way to do this while ensuring anonymity, explain the compensation.]*

Conclusion

[If participants are students, faculty, and staff at LHU] Your decision whether or not to participate in this study is voluntary and will not affect your standing at Lock Haven University of Pennsylvania.

OR *[For participants recruited from outside the University]* Your decision to participate in the study is voluntary.

[Followed by] Even if you decide to participate now, you may stop at any time and close your browser. You are making a decision whether or not you will participate in this study. If you click on the link below and submit a completed survey, you are indicating your agreement to participate based on reading and understanding this form. If you have any questions, please contact an investigator identified at the top of this form prior to completing the survey.

If you have any questions regarding your rights as a research participant, please contact Dr. Beth McMahon, Chairperson, Lock Haven University Institutional Review Board for the Protection of Human Subjects (IRB-PHS) at bmcMahon@lhup.edu or 484-2214.

Based on the information above, I agree to participate in this study. *(insert “button” that says something like “continue to survey”)*

If you do not wish to participate in this study, please *[delete this email or close the browser, which ever is relevant]*

NOTE: In your final “consent” statement, all text in red should be deleted or altered to fit your study. The entire document should be in black be absent of any and all instructional statements from this template.