 **Institutional Review Board (IRB)**

**Instructions for On-line Survey Implied Consent Form**

**You should use this Implied Consent template only if:**

1. You are administering surveys to adults (18 years of age or older) **and**
2. Your research poses no greater than minimal risk to participants.

**You should not use this consent form template if:**

1. You are doing research with minors **and/or**
2. Your research poses greater than minimal risk to participants.

Risk level is assessed in view of potential harms to participants – these include social, legal, emotional, psychological etc. harms, not just physical harms. Depending on the subject matter with which the research deals and the specific way in which the research is carried out, a study may be considered greater than minimal risk even when using survey or interview (including focus group) methodologies.

**Note:** According to DHHS Regulations “minimal risk” means: “The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”

This template is intended to serve as a **GUIDE**. You may need to provide more information and details than are stated in the template. You will most likely need to re-word sentences and/or add your own sentences. You may also need to add information or details that are not directly asked for in the template. Again, this template is intended to serve as a **GUIDE** and is not exhaustive.

**Remember: the Consent Form should contain only information that is applicable and relevant to your study.**

**IMPORTANT:** You should remove the red guidance text as you go through this document, by filling out information specific to your study and/or deleting irrelevant and unnecessary text. The red sentences indicate sections that must be completed by the author of the Consent Form, or serve as guidance and suggestions about what should be included. There should be **no** red sentences left anywhere in the completed Consent Form.

**PLEASE PROOF READ** your completed Consent Form before submitting it. Seemingly minor spelling, grammar, and formatting errors may require you to revise and re-submit, causing unnecessary delays.

**PLEASE DO NOT INCLUDE** these instructions in your completed Consent Form.

 **Department of** (Name)

**Implied Consent for On-line Surveys**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are invited to participate in a research study of (*include project title and* *state what is being studied*.) The purpose of this study is to *(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 subject was selected.)*

If you decide to participate, please complete the following survey. Your completion of this survey indicates your consent to participate in this research study. The survey is designed to (*explain purpose of survey*.) It will take about (*length of time expected to complete survey*.) You will be asked to answer questions about *(include information about specific question topics).* No benefits accrue to you for answering the survey, but your responses will be used to *(explain research benefit)*. Any discomfort or inconvenience to you are (*state any risks*), but they are not expected to be any greater that anything you encounter in everyday life. Data will be collected using the Internet; no guarantees can be made regarding the interception of data sent via the Internet by any third party. Confidentiality will be maintained to the degree permitted by the technology used.

*[OPTIONAL* *STATEMENT if you are gathering sensitive personal data, you may want to include.*] We strongly advise that you do not use an employer issued device (laptop, smartphone etc.) to respond to this survey.

Your decision whether or not to participate will not affect your future relationships with the *(name of Institution or agency or teacher*. If you decide to participate, you are free to stop at any time; you may also skip questions if you don't want to answer them or you may choose not to return the survey.

Please feel free to ask questions regarding this study. You may contact me if you have additional questions at *(the name of the principal investigator, department name, e-mail address and telephone number). (Faculty Mentor name and contact information, if you are a student investigator).*

If you have any questions about your rights as a research participant, please contact the Saint Peter’s University IRB at (201) 761-6306 or [jfeinberg@saintpeters.edu](http://jfeinberg@saintpeters.edu)

Thank you for your time.

Sincerely,

*Principal investigator’s name,*

*College/School and Department Information*

By clicking the link below, I confirm that I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am at least 18 years of age. [Please feel free to print a copy of this consent form.]

 I agree to participate (link to survey) I decline (link to close webpage)