 **Institutional Review Board (IRB)**

**Instructions for Anonymous Survey Consent Form**

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

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

**3.** You are not collecting and/or recording any names or other identifying information about participants, and

**4.** You are requesting a waiver of informed consent documentation.

**Note:** Research is anonymous **only if** study data cannot be linked to any living individual by anyone on the study team, even with a code.

**You should not use this consent form template if:** you are doing research with minors and/or the research poses greater than minimal risk and/or you are collecting identifying information about 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.

See Consent Form below:

 Department of (Name)

INFORMED CONSENT FOR ANONYMOUS SURVEY

You are invited to participate in a research study titled “Title”.

This study is being conducted by (whom? State name(s), relevant position and/or affiliation).

The purpose of this study is (state the reason(s) the study is being conducted, as well as for what the results will be used; the time commitment, and any other essential information about the study).

Participation in this study is entirely voluntary at all times. You can choose not to participate at all or to leave the study at any point. If you decide not to participate, or to leave the study, there will be no penalty or loss of benefits to which you are entitled, or any effect on your relationship with the researcher(s), or any other negative consequences. *To be used for SPU student participants only:* Your participation or refusal to participate will have no effect on the grade you receive in any course or on your standing at Saint Peter’s University.

You are being asked to take part in this study because you are (who? or hold what position? or have what expertise? *Identify the target population of the study).*

If you agree to participate, you will be asked to fill out (number) survey(s) about (state the research topic/subject as well as the general types of questions that will be asked. *Do not list specific questions).* This survey should take around x minutes to complete *(If there will be multiple surveys administered, please indicate the number and schedule thereof).*

The survey will be collected (when and how?).

All of your responses to this survey will remain anonymous and cannot be linked to you in any way. No identifying information about you will be collected at any point during the study, and your survey will be identified only with a (random pseudonym/random number/etc.). You are free to withdraw from this study at any time. However, once you submit your completed survey, there will be no way to withdraw your responses from the study because the survey contains no identifying information.

Study data will be kept in (which? — *e.g. paper, digital etc.)* format(s) (where?). Access to (which? — *e.g. paper, digital etc.)* data will be protected (how?). Only (who?) will have access to the data.

There are no risks associated with this study. *or* Any risks to you associated with this study are not expected to be greater than anything you encounter in everyday life. While you will not experience any direct benefits from participation, information collected in this study may benefit others in the future by helping to (state potential benefits, if any).

If you have any questions regarding the survey or this research project in general, please contact the principal investigator, (PI’s Name), at(phone number or email) or (his/her) faculty mentor, (Mentor’s Name), at (phone number or email).

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)

**By completing and submitting this survey, you are indicating your consent to participate in this study.**