



Institutional Review Board

[Directions: All parts of the consent form should be completed. Do not delete or add sections to the consent form template. Black text indicates required language or sections. Red, italicized text indicates directions and should be deleted before submission. This consent template has been adapted from Northeastern University.]

Unsigned Informed Consent

Title of Project:

Principal Investigator(s):

Principal Investigator Contact Information:

Researcher's Statement

I am/We are inviting you to take part in an online survey. The survey is part of a research study whose purpose is _____. Before you decide to participate in this study, it is important that you understand why the research is being done and what will be asked of you.

Key Information *No more than a sentence or 2 for each bullet point. Use lay language.*

- Your consent is being sought for participation in a research study and your participation is voluntary.
- The purpose of the research is.....
- The anticipated amount of time for participation is.....
- You will be asked to complete... *(bulleted synopsis)*
- The foreseeable risks include...
- The potential benefits include...

This survey should take about _____ to complete.

I am/We are asking you to be in this study because you are _____. You must be at least 18 years old to take this survey.

Your participation in this study is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time by exiting the survey.

There are no foreseeable risks or discomforts to you for taking part in this study.

OR

The possible risks or discomforts of the study are minimal. You may feel _____ answering _____ survey questions.

There are no direct benefits to you from participating in the study. However, your responses may help us learn more about _____.

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You will not be paid for your participation in the study.

OR

You will receive _____ for participation. *State the benefit/amount and how it will be given.*

Your part in this study is confidential [or anonymous] to the researcher(s). Any reports or publications based on this research will use only group data and will not identify you.

If you have any questions about this study, please contact _____, the person mainly responsible for the research. You can also contact _____, the Principal Investigator.

If you have questions or concerns about participation in this study, contact the Brenau University Institutional Review Board by phone at (678)707-5029 or via email at irb@brenau.edu.

This study has been reviewed and approved by the Brenau University Institutional Review Board.

By clicking on the “accept” button below you are indicating that you consent to participate in this study and affirm that you are at least 18 years of age. Please print out a copy of this consent screen or download a copy of the consent form for your records.