*This template is for minimal risk projects (surveys, interviews, or minimal risk interventions/interactions (community or educational interventions) requiring online consent.*

**Instructions**

To stand out both on your computer screen and in black/white copies, instructions are in bold, italic, and blue type.

Instructions are in boxes and will be deleted in final consent.

**IRB-required template language is in black type and should not be changed.**

Sample language, which can be used, modified, or deleted as appropriate for your project, is in blue type. **Please maintain the blue color to distinguish your project-specific information from the required template language.**

**Title of Research Study:** [insert title of research study here]

**IRB Protocol Number:** [insert the “IRB#” number here]

**Investigator:** [insert name of principal investigator]

**Supported By:** [List all monetary and non-monetary support for this research. If not externally funded, state your school or department] This research is supported by [source of funding].

**[Financial Interest Disclosure:]**

[Include if there is a financial interest to disclose. Otherwise, delete.] The following disclosure is made to give you an opportunity to decide if this relationship will affect your willingness to participate in this research study: [specify the conflict of interest and actions to be taken to reduce the effect.]

**Key Information about this research study:**

The following is a short summary of this study to help you decide whether to be a part of this study. [The following should be included:]

The purpose of this project is [insert]. You will be asked to [include a brief statement of the procedures that will be done. For example: “You will be asked to complete a survey and a follow-up interview.”]. We expect that you will be in this research project for [hours/days/months/weeks/years, until a certain event]. The primary risk of participation is [insert risk]. The main benefit of participation is [insert if there is a benefit or There is no benefit to you for participating in the research project.]

**Why am I being asked to take part in this research study?**

[We/I] are asking you to take part in this research project because [Fill in the circumstance (i.e., student, parent) or condition (i.e., age) that makes participants eligible for the research]

**What should I know about a research study?**

* Whether or not you take part is up to you.
* You can choose not to take part.
* You can agree to take part and later change your mind.
* Your decision will not be held against you.

**If you say that “Yes, you want to be in this research,” here is what you will do:**

[If appropriate, include additional specific details that were not included in the ‘Key Information’ paragraph. For example: more detail about the specific questions or activities of the research, i.e. During the interview, I will ask you questions about \_\_\_\_\_. This interview will be audio-recorded so that the study team may later transcribe the interview. Audio-recording is mandatory to participation. If you do not agree to be audio-recorded, then you cannot participate in this research study.

**What happens if I do not want to be in this research or if I say “Yes”, but I change my mind later?**

You can decide not to participate in this research or you can start and then decide to leave the research at any time and it will not be held against you. To do so, simply exit the survey. Any data already collected [will/will not] be saved.

**What happens to the information collected for the research?**

Efforts will be made to limit the use and disclosure of your personal information, including research study [and medical] records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this institution. [Add to this list other organizations that may have access to the participants’ records such as the US Department of Health and Human Services, when the research is conducted or funded by DHHS, the sponsor, contract research organization, sponsor’s agent and other collaborating institutions.]

[Include if the study activities are online.] This survey is being hosted by [Name of platform such as Qualtrics] and involves a secure connection. Terms of service, addressing confidentiality, may be viewed at [provide link to platform privacy statement].

[Include all applicable statements; otherwise delete: Upon receiving results of your survey, any possible identifiers will be deleted. You will be identified only by a unique subject number. Your email address will be stored separately from your survey data, and is only being collected for payment purposes. All information will be kept on a password protected computer only accessible by the research team. The results of the research study may be published, but your name will not be used.]

**What else do I need to know? [delete if not applicable]**

If you agree to take part in this research study, we [will provide you with compensation: state amount, when it will be given, how it will be given, i.e., email at the end of the survey; and in what format i.e., cash, credit, etc. **or** we will not provide any compensation.]

**Who can I talk to?**

If you have questions, concerns, or complaints talk to the Principal Investigator [Name and contact phone or email] and [You can list another investigator such as a student if appropriate.].

This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may contact the IRB Office at (910) 893-7780 or irbadmin@campbell.edu if:

* Your questions, concerns, or complaints are not being answered by the research team.
* You cannot reach the research team.
* You want to talk to someone besides the research team.
* You have questions about your rights as a research participant.
* You want to get information or provide input about this research.

**Optional Elements:** [Delete this section if it does not apply.]

[If you are audio or video recording use the “I agree” “I do not agree” statements found in the consent module template.]

**Consent**

If you want a copy of this consent for your records, you can print it from the screen.

If you wish to participate, please click the “I Agree” button [and you will be taken to the survey].

If you do not wish to participate in this study, please select “I Disagree” or select X in the corner of your browser.