

Sample Consent for an Internet Survey

Please note that this is a SAMPLE consent form. You must modify this form to ensure that it is applicable to your study.

TITLE OF YOUR STUDY

Informed Consent

You are invited to participate in a research study about... The goal of this research study is to...

This study is being conducted by [names of investigators]... The [name of funding agency, if applicable]... has provided funding for this study.

There are ___ qualifications to participate in this study: (1) _____; (2) _____ (and continue as needed).

Participation in this study is voluntary. If you agree to participate in this study, you would be interviewed for about... The interview includes questions about...

Participating in this study may not benefit you directly, but it will help us learn.... You may find answering some of the questions upsetting, but we expect that this would not be different from the kinds of things you discuss with family or friends. You may skip any questions you don't want to answer and you may end the interview at any time.

If you participate in the study, you will receive ___ for your time (if applicable).

The information you will share with us if you participate in this study will be kept completely confidential to the full extent of the law.

NOTE TO INVESTIGATOR: For online surveys special attention must be paid to how participants' data will be secured. This entails having a familiarity with: the survey software being used, the types of information being collected (IP address, email address), the options the survey software provides regarding what information to collect, the ways in which information will be stored, and how any identifying information will be de-linked from survey data, etc.

In this section, please include what information will be collected, such as email or IP address. For example;

Your information will be assigned a code number that is unique to this study. The list connecting your name to this number will be kept in a locked file [specify where] and only the Study Director and other researchers will be able to see the survey you participated in [if collecting names]. No one at [E.G., NAME OF AGENCY] will be able to see your survey or even know whether you participated in this study. When the study is completed and the data have been analyzed, the list linking participant's names to study numbers will be destroyed [if collecting names]. Study findings will be presented only in summary form and your name would not be used in any report [if collecting names]. While the investigator(s) will keep your information confidential, there are some risks of data breaches when sending information over the internet that are beyond the control of the investigator(s).

Please note: You must be 18 or older to participate in this study.

If you have any questions about this study, please contact [names of PIs, phone numbers and email addresses]. If you have questions about your rights as a research participant, please contact Michele Kuchera, IRB Manager, Fordham University Institutional Review Board (718-817-0876 or IRB@Fordham.edu).

By completing this survey, you are consenting to participate in this study.

**Please print or save a copy of this form for your records. **