**Online Survey Informed Consent Template**

**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.**

*This template is for minimal risk projects surveys.*

*The IRB approved consent must be placed after screening questions and completed prior to subjects having access to the survey questions.*

*Please note that justification for a* ***Waiver/Alteration of the Consent Process*** *is required in your Research Plan when undergoing Expedited or Full Review.*

**Title of Project:** [insert title of research study here]

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

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

You are invited to participate in an online survey for a research project conducted through Cape Fear Valley Health System (CFVHS). CFVHS’s IRB requires investigators to provide informed consent to the research participants.

The purpose of this project is [insert]. Your participation in the project will contribute to a better understanding of [insert]. You must be at least 18 years old to participate.

**If you agree to participate**

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]. You [will or will not] be compensated. [Add compensation information if applicable].

**Risks/Benefits/Confidentiality of Data**

There are [no known risks or some possible risks] or discomforts which could cause you to feel uncomfortable, distressed, sad, tired, [please add here if necessary]. There will be no costs for participating. Although your participation in this research may not benefit you personally, it will help us understand [describe the possible benefits to society which may reasonably be expected or how the project may contribute to generalizable knowledge]. Your name and email address [will or will not] be kept during the data collection phase [please explain e.g., for tracking purposes only)]. A limited number of research team members will have access to the data during the data collection. [Please explain what identifying information will be removed from the final data set, if data is not collected anonymously]. Information collected may be shared with other researchers involved in this project. We will not share any information that could identify you with others outside of the research team. If results of this project are published or presented, individual names and other personally identifiable information will not be used.

**Participation or Withdrawal**

Your decision to participate or decline participation in this research project is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. Withdrawal will not affect your relationship with Campbell University in anyway. If you do not want to participate, you may click “end survey” or close the browser window at any time.

**Contacts**

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 project [Protocol #] was reviewed and approved by the CFVHS Institutional Review Board.

**Questions about your rights as a research participant**

If you have questions about your rights or are dissatisfied at any time with any part of this project, you may contact the IRB Office at (910) 615-5839 or [irb@capefearvalley.com](mailto:irb@capefearvalley.com).

**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.

Thank you in advance for your time and participation!

**Please do not forward this link to others.**