IRis

Northeastern University

HSRP Forms

Office of Human Subject Research Protection

September 10, 2009

Template 4: unsigned consent document for web-based online surveys

Office of Human Subject Research Protection, Northeastern University

Recommended Citation

Office of Human Subject Research Protection, Northeastern University, "Template 4: unsigned consent document for web-based online surveys" (2009). *HSRP Forms.* Paper 11. http://hdl.handle.net/2047/d20003874

This work is available open access, hosted by Northeastern University.

Northeastern University
Human Subject Research Protection
960 Renaissance Park
Northeastern University
Boston, MA 02115-5000
Tel: 617.373.7570; Fax: 617.373.4595

TEMPLATE 4 UNSIGNED CONSENT DOCUMENT FOR WEB-BASED ONLINE SURVEYS

45 CFR 46 117(c) In certain instances, an IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects. In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research.

Only the IRB can waive or modify the consent process. Researchers are not authorized to make this decision.

Please modify the following information as necessary.

~~~~~~

Northeastern University, Department of:
Name of Investigator(s): ***[Principal Investigator's name, Student Researcher's name]***
Title of Project:

Request to Participate in Research
We/I would like to invite you to participate in a web-based online survey. The survey is part of a research study whose purpose is _________________. This survey should take about _______ *[minutes/hours/sessions/etc.]* to complete.

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

The decision to participate in this research project is voluntary. You do not have to participate and you can refuse to answer any question. Even if you begin the web-based online survey, you can stop at any time.

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 a little *[uncomfortable/embarrassed/sad/tired/etc.]* answering *[personal/sensitive/many/etc.]* survey questions.

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

You will not be paid for your participation in this study.
OR
[If participants will be paid or receive a gift, please state what the payment is and how it will be given. **For example: As a token of our appreciation for completing the survey, you will be able to download a gift certificate for a free movie pass.]**

Your part in this study is anonymous to the researcher(s). However, because of the nature of web based surveys, it is possible that respondents could be identified by the IP address or other electronic record associated with the response. Neither the researcher nor anyone involved with this survey will be capturing those data. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

If you have any questions regarding electronic privacy, please feel free to contact Mark Nardone, IT Security Analyst via phone at 617-373-7901, or via email at privacy@neu.edu.

If you have any questions about this study, please feel free to contact _______________________ *[name and contact information]*, the person mainly responsible for the research. You can also contact *[name and contact information]*, the Principal Investigator.

If you have any questions regarding your rights as a research participant, please contact Nan C. Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.7570, Email: irb@neu.edu. You may call anonymously if you wish.

By clicking on the survey link below you are indicating that you consent to participate in this study. Please print out a copy of this consent form for your records.

http://____

Thank you for your time.
[Name of Investigator]
~~~~~~