

**THIS IS A SAMPLE – ONLY USE LANGUAGE FROM THIS SAMPLE THAT IS
RELEVANT TO YOUR RESEARCH STUDY**

CENTRAL CONNECTICUT STATE UNIVERSITY Department of []
1615 Stanley Street
New Britain, CT 06050

[**PROJECT TITLE**]

Principal Investigator - name and position Phone number(s) [] * e-mail address(es) []

List other investigators and/or faculty supervisor or sponsor

Phone number(s) []

e-mail address(es) []

***USE CCSU phone numbers and email addresses wherever possible. The IRB does not encourage sharing personal contact information with research participants.**

INFORMED CONSENT STATEMENT

1. Invitation to Participate and Description of the Project. You are being asked to participate in a study about []. An online survey will be used to collect data for this study. Your participation in this survey is voluntary. Before agreeing to be part of this study, please read the following information carefully.

2. Description of Procedure. If you participate in this study, you will be asked to complete the survey that follows which includes number of questions about []. The survey should take no more than [] minutes to complete.

3. Risks and Inconveniences. There is [no or minimal] risk associated with this study. (*Describe risks if relevant, e.g. embarrassment, recollection of traumatic events*).

4. Benefits. This study was not designed to benefit you directly. However, this study may help improve our understanding of [].

5. Financial (or other) considerations: You will (or will not) be compensated in any way for participating in this survey. (*Describe compensation, e.g. course credit, if relevant*)

6. Confidentiality. Any and all information obtained from you during the study will be (*confidential or anonymous – explain level of confidentiality and the implications and who, if anyone, will have access to potentially identifiable data*) and no personally-identifiable information will be collected (*or, explain what personally-identifiable information may be collected*). The survey software function that allows us to prevent tracking participant IP addresses has been activated so you cannot be identified individually in any way as a result of your participation in this research (*only use if this is true – and, explain why this is true*). The data collected however, may be used as part of publications and papers related to this topic. *Add explanation about data storage plans (how, where, how long, etc.).*

7. Voluntary Participation. Your participation in this study is entirely voluntary. You may refuse to participate in this research. Such refusal will not have any negative consequences for you. If you begin to participate in the research, you may skip questions or at any time discontinue your participation by exiting the survey without any negative consequences or record of the answers you completed. (*Only use this language if it applies to your study.*)

If you have further questions about this research project, please contact the principal investigator, [name, at (860) 832-xxxx, e-mail:] or faculty supervisor [*if different*, name, at (860) 832-yyyy, e-mail:]. If you have questions about your rights as a research participant or if you have a research related complaint please contact Dr. _____, Chair, CCSU Institutional Review Board at (860) 832-____, e-mail xxxx@ccsu.edu. Or you may contact the IRB Administrator at (860) 832-XXXX, email irb@ccsu.edu.

This information has been provided so you know what to expect if you participate in this study. Your consent will be implied by your completion and submission of this survey. To convey that you understand and agree to participate, please press [continue or next] below.