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*Note*: Items in red font should be addressed. There should be no red font on the final form you submit to the IRB.

# ***Template for survey informed consent***

## TITLE OF RESEARCH STUDY

Date

Dear :

You are being invited to complete the attached questionnaire about ***(explain the study)****.* There are no reasonably foreseeable risks associated with your participation in this study. Your participation may or may not benefit you directly. However, the information learned in this study may be helpful to others. The data you provide will ***(explain for what the information is being used)*.** The questionnaire will take approximately ***(give time)*** time to complete. Your completed questionnaire will be stored at ***(site of file storage)*.** Individuals from (**department or college/school**) and the Bellarmine University Institutional Review Board may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed. ***If you are collecting data online, please include the following if applicable:*** However, you are reminded that 100% confidentiality cannot be guaranteed with any online data collection.

Please remember that your participation in this study is voluntary. By completing and returning OR submitting the attached questionnaire, you are voluntarily agreeing to participate. You are free to decline to answer any particular question that may make you feel uncomfortable or which may render you prosecutable under law. Further, ***if your research project involves the collection of identifiable private information or identifiable biospecimens, you must include ONE of the following two statements in this section as appropriate:*** (i) Identifiers might be removed from the identifiable private information or biospecimens collected for this research and, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent procedures; OR (ii) Your provided identifiable private information or biospecimens collected as part of this research, even if identifiers are removed, will not be used or distributed for future research studies.

You acknowledge that all your present questions have been answered in language you can understand. If you have any questions about the study, please contact ***(Name and phone number of the Principal Investigator, other investigators may be included as well).*** If you have any questions about your rights as a research subject, you may call the Institutional Review Board (IRB) office at 502-272-7963. You will be given the opportunity to discuss any questions about your rights as a research subject, in confidence, with a member of the committee. This is an independent committee composed of members of the University community and lay members of the community not connected with this institution. The IRB has reviewed this study.

Sincerely,

**signed by the investigator**

**\* BEGIN QUESTIONNAIRE ON SAME PAGE AS PREAMBLE**