**Implied Consent for Online Surveys**

Version Date:

IRBNet #:

You are invited to participate in a research study of (*include project title and* *state what is being studied*.) The purpose of this study is to *(state what the study is designed to discover or establish*.) You were selected as a possible participant in this study because *(state why and how the subject was selected.)*

If you decide to participate, please understand your **participation is voluntary** and you have the **right to withdraw and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled**. **The alternative is not to participate**. If you decide to participate, complete the following survey. Your completion of this survey indicates your consent to participate in this research study. The survey is designed to (*explain purpose of survey*.) It will take about (*length of time expected to complete survey*.) You will be asked to answer questions about *(include information about specific question topics).* No benefits accrue to you for answering the survey, but your responses will be used to *(explain research benefit)*. Any discomfort or inconvenience to you are (*state any risks*), but they are not expected to be any greater that anything you encounter in everyday life. Data will be collected using the Internet; no guarantees can be made regarding the interception of data sent via the Internet by any third party. Confidentiality will be maintained to the degree permitted by the technology used.

*[OPTIONAL* *STATEMENT if you are gathering sensitive personal data you may want to include.*] We strongly advise that you do not use an employer issued device (laptop, smartphone etc.) to respond to this survey.

Your decision whether or not to participate will not affect your future relationships with the *(name of Institution or agency or teacher*. If you decide to participate, you are free to stop at any time; you may also skip questions if you don't want to answer them or you may choose not to return the survey.

Please feel free to ask questions regarding this study. You may contact me if you have additional questions at *(the name of the principal investigator, department name, e-mail address and telephone number). (Faculty Mentor name and contact information, if you are a student investigator).*

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the University of Denver (DU) Institutional Review Board to speak to someone independent of the research team at [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu).

*(If applicable)* With your permission, the interview will be audio taped. If you do not wish to be audio taped, please indicate this to the researcher.

*(If applicable)* With your permission, the tapes from this study will be used for (describe proposed use of tapes): If you do not agree with this, please indicate this to the researcher*. (Please note, this option is applicable is the tapes are used for purposes that are not part of this research project, e.g., future analysis, professional presentations, etc.)*

*(We strongly recommend that you include the following section in your consent, to inform participants that you may share de-identified data you collect from them. Certain sponsors now require researchers to make available their de-identified data to the research community, as do a growing number of journals in a variety of disciplines. If you choose not to include the following language and later wish to share de-identified data, you may not be able to do so without re-contacting participants to obtain consent.)*

De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Thank you for your time.

Sincerely,

*Principal investigator’s name,*

*College/School and Department Information*

*IF STUDENT INVESTIGATOR, include faculty sponsor’s name & credentials*

By clicking the link below, I confirm that I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am at least 18 years of age. [Please feel free to print a copy of this consent form.]

I agree to participate (link to survey) I decline (link to close webpage)