TEXAS WOMAN'S UNIVERSITY

Sample Online Consent Form

Title: Sample Online Consent Form Study

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Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Ms. Sandy Owens, a staff member in the Office of Research and Sponsored Programs at Texas Woman's University, as a part of her staff research. The purpose of this study is to see how well people respond to IRB workshops and to see if the workshops help ease researcher anxiety over going through the IRB process. You have been invited to participate in this study because you are a TWU researcher conducting or interested in conducting human subjects research. As a participant, you will be asked to spend 10-15 minutes completing an online survey. The greatest risks of this study include potential loss of confidentiality and emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask Ms. Owens any questions you have about the study at any time.

Description of Procedures

As a participant in this study you will be asked to spend 10-15 minutes completing an online study on Google Forms. The survey will ask you to mark your responses to statements about your experience with going through the IRB (Institutional Review Board) process and your experience with attending an IRB workshop. You will be asked to mark how much you agree or disagree with the statements. Some questions will be open-ended for you to provide responses.

Potential Risks

The researcher will ask you questions about your experiences with the IRB or your anxiety over submitting an application to the IRB. A possible risk in this study is emotional discomfort with these questions you are asked. You may skip any question you do not

feel comfortable answering or you may take breaks.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The survey will not ask you any questions that will ask for identifying information. No email addresses will be collected from this Google Form. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

An additional risk of this study is coercion since you may know and have worked with the researcher. Your decision on whether or not to participate in this study will have no effect in your relationship with the researcher, nor will it affect your relationship with or the services provided by the IRB or with the Office of Research and Sponsored Programs.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Although there are no direct benefits to you for participating in this research, your participation could help IRBs across the country understand the anxiety researchers face when going through the IRB process.

If you would like to see results of the study, please email the researcher.

Questions Regarding the Study

You may print a copy of this consent page to keep. If you have any questions about the research study you should ask the researcher; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Not shared

* Indicates required question

Consent to Participate *

Do you consent to participate in this research study?

- ◯ Yes, I consent to participate in this study.
- ◯ No, I do not consent to participate in this study.

Submit

Clear form