

[This consent paragraph should appear at the beginning of **online** surveys; there is a separate template for paper surveys. Please address all items in brackets, and then **delete the brackets**. When you submit a proposal to the IRB, this consent information should already be integrated with your online survey.]

[Title of Study]

[Researcher/Investigator Name(s) and contact information]

Online Consent Form for Survey Research

You are invited to take part in a research survey about **[briefly describe purpose of study]**, which is being conducted by **[insert investigator name]** at Memorial University Medical Center. **[I/We]** hope to accrue **[fill in number of expected accruals]** participants at Memorial University Medical Center. Your participation will require approximately **[fill in your best estimate]** minutes and is completed online at your computer. There are no known risks or discomforts associated with this survey. **[List any benefits to either the participant or academic knowledge more broadly. It is fine to include incentives such as a raffle for gift certificates here. Do not list benefits to yourself.]** Taking part in this study is completely voluntary. If you choose to be in the study you can withdraw at any time without adversely affecting your relationship with anyone at Memorial University Medical Center. If you choose to withdraw your permission, you must notify the study doctor in writing. Your responses will be kept strictly confidential, and digital data will be stored in secure computer files. You may skip any questions you choose not to answer. Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified. If you have questions or want a copy or summary of this study's results, you can contact **[insert investigator name]** at the email address above.

Conflict of interest means a situation in which a member of the local research team for this study, including the study doctors, and study coordinator(s), has a significant financial interest or other personal involvement that may compromise, or have the appearance of compromising, his or her professional judgment or integrity in conducting this study. No member of the local research team has a conflict of interest for this study. **[If a conflict exists state it here].**

If you have any questions about whether you have been treated in an illegal or unethical way, contact the Memorial University Medical Center Institutional Review Board chair, Richard Leighton, MD at 912-350-6866 or LeighRi1@memorialhealth.com . Please feel free to print a copy of this consent page to keep for your records.

Clicking the “Next” button below indicates that you are 18 years of age or older, and indicates your consent to participate in this survey. [Modify this sentence if the “click to continue” button is called something other than “Next” or if the participant needs to check a “Yes” box.]