**Use this consent template for surveys, questionnaires, or interviews if you WILL be collecting identifiable information.**

**University of Kentucky Consent to Participate in Research**

**Research Title:** *(title)*

**Protocol #:** *(5-digit protocol number)*

**Researcher:** *(name, credential, institution)*

**Contact Information:** *(phone, email)*

**Research Sponsor:** *(remove if no sponsor)*

**Faculty Advisor***:**(remove if your research is not an academic requirement)*

*IF APPLICABLE: (Insert name of person or entity permitting contact with potential subject) allowed* me to contact you because *(describe the reason for contacting the potential subject).*

**Purpose, Procedure, and Duration:**

We are researchers from the University of Kentucky inviting you to participate in a *(survey, questionnaire, interview).* We want to learn more about *(explain the* ***purpose*** *of the study)*.

If you agree to participate in our study, you will be asked to *(explain the study* ***procedure****)*. The*(survey, questionnaire, interview)* will take about *(say* ***how long*** *the study will take)* minutes to complete. We expect *(XXX)* people to respond.

**Eligibility:**

You must meet the following requirements to participate in this research study:

* *(Give each eligibility requirement its own bullet).*

**Benefits:**

You may not benefit personally from being in this study, but your answers could help us understand more about *(topic being studied).*

**Risks:**

Some of our questions may make you feel uncomfortable or upset, but you can skip any question you don’t want to answer. You can also stop the survey at any time.

*IF APPLICABLE:* We will use *(survey company’s name)* to collect your survey responses. They may have Terms of Service and Privacy policies outside of the control of the University of Kentucky that allows them to use your data for other purposes.

We will make every effort to safeguard your data. However, we cannot guarantee the security of data obtained via the internet.

**Reward:**

*IF APPLICABLE:* You will be paid *(XXX)* for participating in our study. *(Explain any conditions for receiving the reward)*.

*IF APPLICABLE:* You will be entered into a gift card drawing for *(XXX)* for participating in our study. You have an approximate 1 in *(XXX)* chance of winning. *(Explain any conditions for receiving the reward)*.

*IF APPLICABLE:* You will receive class credit for participating in our study. Alternatives for class credit are available if you don’t wish to participate.

**Alternative Opportunities:**

We know of no alternative except not to participate in our study. *(OR describe alternative opportunities).*

*IF APPLICABLE:* See your course syllabus or instructor for more information about alternative class credit.

**Confidentiality and Future Use:**

We will keep your *(survey, questionnaire, interview)* responses confidential to the extent allowed by law. You will not be identified when we write about the study.

*A Future Use statement must be included if any identifiable samples or private information is collected:*

*EITHER:* Your identifiable information such as name, clinical record number, or date of birth will be removed so that we can use your responses for future research or share with other researchers.

*OR:* We will notuse your de-identified information in future research or to share with other researchers.

**Complaints or Concerns:**

If you have questions about the study, please contact the researcher using the contact information provided above.

If you have complaints or concerns about your rights as a research volunteer, you can contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Thank you for taking the time to consider our study. You do not have to participate in our study, but we hope you will. To ensure your responses will be included in our study, please complete the *(survey, questionnaire, interview)* by *(XXX).*

**Please select an option below to indicate you read this information and you wish to take the survey:**

1. I agree to be in the study
2. I do not want to be in the study

**Check “Request for Waiver of Signature” in the Informed Consent section of your protocol application if you will not be collecting signatures.**

**Add signature and date lines for participants and person obtaining consent if you will be collecting signatures.**