**Online Consent to Participate in Research**

**Would you like to be involved in research at the University of Oklahoma?**

I am {PI Name} from the {XX Department} and I invite you to participate in my research project entitled {research project name}. This research is being conducted at {enter the research site}. You were selected as a possible participant because {explain how the participant was selected}. You must be at least 18 years of age to participate in this study.

**Please read this document and contact me to ask any questions that you may have BEFORE agreeing to take part in my research.**

**What is the purpose of this research?** The purpose of this research is to (Briefly explain the research question and its purpose in lay language).

**How many participants will be in this research?** About (insert number of research participants, if appropriate report the total number of participants and also break out this number by subgroups of participants – example about 100 people will participate include 33 students and up to 67 of their parents and guardians) people will take part in this research.

**What will I be asked to do?** If you agree to be in this research, you will (Explain all the tasks/procedures the participant will complete during the research, frequency of procedures, etc. Also, describe any procedures that are experimental).

**Are there other options to complete my course’s research requirement?** (Include this section if the research involves participation in a student research pool where students have the option of a non-research assignment. Otherwise DELETE this section.) Yes, you have the option to (describe what other option the participant has to receive research or extra credit).

**How long will this take?** Your participation will take (Indicate the length of time of participation for each activity and the total for all activities in the project. Example: 30 minutes, 1 hour, or 4 visits for a total of 2 weeks. If applicable, also include anticipated circumstances under which the participant’s participation may be terminated by the investigator without regard to the participant’s consent).

**What are the risks and/or benefits if I participate?** There are no risks and no benefits from being in this research. (If there are risks and/or benefits, list, in order of severity, any possible risks--physical, psychological, economical, etc. Include the likelihood of each and under what conditions the researcher will terminate participation or the research project. Describe the benefits that are direct to the participant. Do not only list abstract benefits like learn about researcher or become clear about pesonal beliefs. Do not include compensation such as course credit or receipt of $$ or other items of value as a benefit, instead use the compensation section which appears below.)

**Will I be compensated for participating?** You (will/will not) be reimbursed for your time and participation in this research. (Include payment, reimbursement, class credit, etc. Explain when compensation will be given to the participant and conditions of receiving the compensation (e.g., if compensation will be pro-rated for participants who do not complete the entire research. It is anticipated that participants will be able to withdraw at any time. For participants who have invested more than one hour in the research, it is anticipated that compensation will be pro-rated based on the time they have invested in the research).

**Who will see my information?** In research reports, there will be no information that will make it possible to identify you. (If you want to retain contact information or attribute responses to a specific individual, you must use the Signed Informed Consent and include all appropriate check-offs under Waivers of Elements of Confidentiality). Research records will be stored securely and only approved researchers and the OU Institution Review Board will have access to the records.

In addition, this is an academic not-for-profit research project. Data are collected via \_\_\_\_ (e.g., Qualtrics), an online survey system that has its own privacy and security policies for keeping your information confidential. Please note no assurance can be made as to the use of the data you provide for purposes other than this research.

**Do I have to participate?** No. If you do not participate, you will not be penalized or lose benefits or services unrelated to the research. If you decide to participate, you don’t have to answer any question and can stop participating at any time.

**Who do I contact with questions, concerns or complaints?** If you have questions, concerns or complaints about the research or have experienced a research-related injury, contact me at

(Provide a phone number that is local for the participant’s recruitment location and an email address. If the researcher is a student, also include the advisor's name, telephone number, and email address here.)

You can also contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or [irb@ou.edu](mailto:irb@ou.edu) if you have questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than the researcher(s) or if you cannot reach the researcher(s).

*Please print this document for your records. By providing information to the researcher(s), I am agreeing to participate in this* research*.*

🞈 I agree to participate (click should connect to survey)

🞈 I do not want to participate (click should connect to a Thank You for considering page)

**This research** **has been approved by the University of Oklahoma, Norman Campus IRB.**

**IRB Number: \_\_\_\_\_\_\_\_ Approval date:** \_\_\_\_\_\_\_

*(NOTE: The Principal Investigator is responsible for the input of the IRB number and approval date, BEFORE the document is implemented online.)*