

Salem State University Institutional Review Board (IRB)

Disclosure Statement

(Research Title)

Note: This is a sample form and should be altered to accurately reflect the individual study being conducted.

INTRODUCTION: This research will ask you questions about *(describe research study here)*. The purpose of the study are *(state the goals and purpose of the study)*.

PARTICIPATION: Taking part in this survey is completely voluntary. You may stop your participation at any time. You are free to decline to answer any question you do not wish to answer. There are no right or wrong answers. All answers will remain completely *(choose the appropriate condition: anonymous/confidential)*.

RISKS: *(Choose from the following statements as applicable to your individual study and delete the rest):*

There are no foreseeable risks involved in participating in this study other than those minimal risks encountered in day-to-day life [OR]

There is the minimal risk that you may find some of the questions to be sensitive in nature [OR]

There is the minimal risk that some questions may cause emotional discomfort [OR]

Some of the survey questions ask about *(insert information here)* and may be distressing to you as you think about your experiences [OR]

In order to mitigate *(this/these risk/s)*, the research team will *(insert mitigation plan here)*.

BENEFITS: The benefits of your participation in this survey are *(insert information here)*. The benefits of this study in general are *(insert information here)*.

ANONYMITY/CONFIDENTIALITY: Your name or identity will not be used in reports or presentations of the findings of this research. Information provided to the researchers will be kept *(choose the appropriate condition: anonymous/confidential)* with the exception of information which must be reported under Massachusetts and Federal law such as cases of child or elder abuse. This research project has been approved by the Institutional Review Board at Salem State University. Thank you for your help.

An analysis of the results and an explanation of the study will be available in the Salem State *(if applicable - academic department sponsoring research study, specific department location, and when results will be available)*.

CONTACT: For questions or concerns about the research, please contact *(add faculty principal investigator and student researcher contact information here)*

For concerns about your treatment as a research participant, please contact:

Institutional Review Board (IRB)

Salem State University

352 Lafayette Street

Salem, MA 01970

(978) 542-7177 or irb@salemstate.edu

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(Include only if survey is electronic) ELECTRONIC CONSENT: Continuing with this survey indicates that you have read the above information, that you are voluntarily agreeing to participate and that you are 18 years of age or older.

SAMPLE

For concerns about your treatment as a research participant, please contact:

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Salem State University

352 Lafayette Street

Salem, MA 01970

(978) 542-7177 or irb@salemstate.edu

This research project has been reviewed by the Institutional Review Board at Salem State University in accordance with US Department of Health and Human Services Office of Human Research Protections 45 CFR part 46 and does not constitute approval by the host institution.