

## University of Chicago Online Consent Form for Research Participation

**Study Number:** e.g., IRB18-XXXX

**Study Title:** list the title or short title as provided in the application

**Researcher(s):** list at least the PI

**Sponsor:** (if applicable, or remove)

**Collaborating Institutions:** (if applicable, or remove)

**Description:** We are researchers at the University of Chicago doing a research study about [include the topic and purpose of the research]. Describe research procedures here, including any screening procedures that are used to determine eligibility. Explain if you will be asking personal/sensitive questions that might be upsetting. Participation should take about [insert expected amount of time]. Your participation is voluntary.

**Incentives:** Please explain the amount and terms of any payments or reimbursements. If payments will be prorated if a subject withdraws from the study, explain. If including a raffle or lottery, be sure to include the required language found language listed in the supplemental consent template language document. If this section is not applicable, remove or state “You will not be paid for participating in this study.” If there are any attention checks (where failure could cause the participant to lose the incentive payment), please explain.

**Risks and Benefits:** As applicable. If no direct risks, indicate, “Your participation in this study does not involve any risk to you beyond that of everyday life.” If no direct benefits to individuals, you should indicate if there are any potential benefits to others; e.g., “Taking part in this research study may not benefit you personally, but we may learn new things that could help others.”

**Confidentiality:** Describe how data, recordings, identifiers (if any), etc. will be used, shared, and protected during the research, as well as their retention, use, or disposition following the conclusion of the research.

- As applicable, address how partially collected data will be handled in case of a participant withdraws: e.g., “If you decide to withdraw from this study, the researchers will ask you if the information already collected from you can be used,” “If you decide to withdraw, data collected up until the point of withdrawal may still be included in analysis,” or “If you decide to withdraw from this study, any data already collected will be destroyed.”
- Indicate whether identifiable data may be shared for future research, e.g., “Identifiable information will be handled as described in the ‘optional elements section’ below,” or “Identifiable data will never be shared outside the research team.”
- Indicate whether de-identified data may be shared for future research, e.g., “De-identified information from this study may be used for future research studies or shared with other researchers for future research without your additional informed consent,” or, “The information collected as part of this research will not be used or shared for future research studies, even if all identifiers are removed.”
- Note: if the study is NIH-funded, please be sure to include the CoC language listed in the supplemental consent template language document if required.

**Contacts & Questions:**

If you have questions or concerns about the study, you can contact the researchers at [name, telephone number, and email address].

If you have any questions about your rights as a participant in this research, feel you have been harmed, or wish to discuss other study-related concerns with someone who is not part of the research team, you can contact the University of Chicago Social & Behavioral Sciences Institutional Review Board (IRB) Office by phone at (773) 702-2915, or by email at [sbs-irb@uchicago.edu](mailto:sbs-irb@uchicago.edu).

**Consent:**

Participation is voluntary. Refusal to participate or withdrawing from the research will involve no penalty or loss of benefits to which you might otherwise be entitled.

[Indicate how consent is indicated and add any additional language or check boxes, as applicable] By clicking “Agree” below, you confirm that you have read the consent form, are at least 18 years old, and agree to participate in the research. Please print or save a copy of this page for your records.

☐ I agree to participate in the research

☐ I do NOT agree to participate in the research [Explain what happens if people select the “do not consent” box; e.g., they are taken to a screen that exits them from the survey and thanks them for their consideration]