**Consent for Participation in an Online Research Study**

Study Title:

Principal Investigator:

Student Researcher: (if applicable)

IRB Study Number: (this is the protocol number that is assigned to your study in the iMedRIS software system)

DESCRIPTION: We are researchers at the WMU Homer Stryker M.D. School of Medicine doing a research study about [topic/purpose of 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.]

RISKS and BENFITS: The risks to your participation in this online study are those associated with basic computer tasks, including boredom, fatigue, mild stress, or breach of confidentiality. The only benefit to you is the learning experience from participating in a research study.  The benefit to society is the contribution to scientific knowledge.

COMPENSATION: (If applicable) [Describe payment amount(s) here. If the study has multiple parts and there is a separate payment for each part, describe the total amount of payment if someone completes the entire study and also the payment for each part of the study. Describe prorated compensation based on what was completed appropriately.]

[Specifically o**utline requirements to define what is considered “completed” tasks.] *Example* *[PLEASE NOTE: This study contains a number of checks to make sure that participants are finishing the tasks honestly and completely. As long as you read the instructions and complete the tasks, your HIT will be approved. If you fail these checks, your HIT will be rejected.]***

CONFIDENTIALITY: (Include only applicable facts) Any reports and presentations about the findings from this study will not include your name or any other information that could identify you. In some cases, you might provide personal stories or beliefs that we might quote or paraphrase as part of our research findings – any personally identifying information will be removed to protect your privacy. We may share the data we collect in this study with other researchers doing future studies – if we share your data, we will not include information that could identify you.

SUBJECT’S RIGHTS: Your participation is voluntary. You may stop participating at any time by closing the browser window or the program to withdraw from the study. Partial data will not be analyzed.

CONTACTS: For additional questions about this research, you may contact:  [research team member(s) name and contact information.]

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the WMed Institutional Review Board (IRB) office at 269-337-4345 or email wmedirb@med.wmich.edu or regular mail at 1000 Oakland Drive, Kalamazoo, MI 49008.

***Please indicate, in the box below, that you are at least 18 years old, have read and understand this consent form, and you agree to participate in this online research study.***