

## IRPE SAMPLE INFORMED CONSENT

**Survey Title:** xxxxx

**Survey Administrator:** xxxxx

**Date:** xx.xx.xxxx

### **Purpose of the Study:**

The purpose of this survey is to: xxxx.

### **Process:**

You will complete a survey, which will take xx-xx minutes to complete. The survey includes questions regarding xxxx. We also will ask for some demographic information (e.g., xxxx) so that we can accurately describe the general traits of the survey respondents.

### **Benefits:**

You will be contributing to knowledge about xxxx. *If you are offering an incentive for survey participation, include it under benefits.*

### **Risks or discomforts:**

No risks or discomforts are anticipated from taking part in this study. Your participation is voluntary and you are free to withdraw your participation from this study at any time. If you decide to quit before you have finished the survey, your answers will not be used.

### **Confidentiality:**

Your responses will be kept completely confidential. Only the researchers will see individual survey responses. Participant email addresses will be stored electronically in a password protected folder. Survey data will be stored in a secure data center. After receiving the survey results, the list of participant email addresses will be destroyed.

### **How the findings will be used:**

The results of the study will be used for xxxx. The results from the survey may be presented in educational settings, at professional conferences or published in a professional journal. If you would like a copy of the survey results upon completion, please send an email to: xxxx.

### **Contact information:**

If you have concerns or questions about this study, please contact xxxx at: xxxx. By completing the survey, you acknowledge that you have read this information and agree to participate in this survey with the knowledge that you are free to withdraw your participation at any time without penalty.