**Informed Consent Agreement**

Please read this consent agreement carefully before you decide to participate in this study.

**Title of Investigation:** Insert title

**Investigator(s):** Name, Credentials, and Contact Information

**Purpose of Study:** Briefly explain the study here in lay language, avoiding technical jargon.

**Procedures**: Briefly explain what the subject is being asked to do.

**Discomforts and Risks:** Participation in this survey is voluntary. The way that you answer these questions will not impact [the care that you receive; your standing as a student; your child’s academic standing, etc.]. All the responses that you provide will be kept confidential; your name and other identifying information will not be collected or stored.

**Potential Benefits:** Briefly explain potential benefits.

**Period of Time Required:** This is a X-question survey, which should take approximately X [minutes; hours] to complete.

**If you have questions about this study, please contact:**

Name: Contact person

Phone: Contact phone number

**You may report** a concern about a study, ask questions about a study, ask questions about your rights as a research subject, or report a research-related injury by contacting the Institutional Review Board listed below.

You may report a concern about a study, ask questions about a study, ask questions about your rights as a research subject, or report a research-related injury by contacting the Institutional Review Board listed below.

IRB Compliance Coordinator, sucomply@su.edu or

IRB Chair, irbchair@su.edu

You may print a copy of this page for your records.

[ ]  By checking the box, you acknowledge that you are over 18 years of age and are agreeing to participate in the research study described above. Because your name and other identifying information is not being collected, you cannot withdraw your participation after you have submitted your survey.