**ONLINE SURVEY (ALTERNATE CONSENT)**

*INSTRUCTION: You are conducting a survey that will be through the Internet or other electronic media that allows for completion of this study at any terminal or computer station that has access to the Internet or other electronic media or communication system. In this case, consenting subjects and carrying out those consent steps cannot be practically carried out due to the unknown proximity and locations of the subjects when they would have to consent and agree to take part in the survey. As long as the survey does not put the participants at more than minimal risk and the data is recorded anonymously, the following consent can be used as part of the survey.*

***University Letterhead/Rowan University Approved Logo***

***Place the following paragraph on the face page of your online survey instrument.***

You are invited to participate in this online research survey entitled... (place the title here). You are included in this survey because …. (tell them why they are included in the on line survey). The number of subjects to be enrolled in the study will be…..*(provide number of subjects to be enrolled)*

The survey may take approximately………. (minutes/hours) to complete. Your participation is voluntary. If you do not wish to participate in this survey, do not respond to this online survey. Completing this survey indicates that you are voluntarily giving consent to participate in the survey.

The purpose of this research study is to (describe the nature of the study, the purpose of conducting research, the total number of subjects involved).

There are no risks or discomforts associated with this survey. There may be no direct benefit to you, however, by participating in this study, you may help us understand……………(say here what general societal benefit the study will bring).

Your response will be kept confidential. We will store the data in a secure computer file and the file will destroyed once the data has been published. Any part of the research that is published as part of this study will not include your individual information. If you have any questions about the survey, you can the researcher at the address provided below, but you do not have to give your personal identification.

[Input contact information for Principal Investigator]

If you have any questions about your rights as a research subject, please contact the Office of Research Compliance at (856) 256-4078– Glassboro/CMSRU.

This study has been approved by the Rowan IRB, Pro…. [insert protocol number].

Please complete the checkbox below.

To participate in this survey, you must be 18 years or older (other inclusion or exclusion criteria can be added here). Place a check box here [ ]

Completing this survey indicates that you are voluntarily giving consent to participate in the survey [ ]

**NOTE TO RESEARCHER: you can make your online survey to appear when participants click both check boxes.**