**Research informed Consent form – Survey**

***Please replace or delete the instructional text in red font before submitting to the REB. If possible, arrange to give or send a copy of the Consent Form to participants, or for online studies, give participants the option to print a copy.***

**Text in blue is sample wording that is acceptable to the REB; however, make sure to alter the wording, if necessary, to reflect your research plan, or to include any additional needed information.**

# Study Title: *Insert Study Title;*

**Version Date: *Month/Day/Year***

# REB # *(insert code assigned to your study)*

We are inviting you to complete this survey because you are … This survey is being conducted by *(Name)* of Bruyère Health Research Institute *or* Bruyère Health, *or Department/School/Faculty of… (email, ph. #)* working under the supervision of Prof/Dr.. \*\* (email, ph. #). The study is sponsored/funded by \*\*.

**Objectives and Summary:**

The aim of this study is to better understand*…(Brief description of study goals).*

We expect that the survey will take about \*\* minutes to complete. Your participation in this survey is voluntary, and you may choose not to take part, or not to answer any of the questions. If you decide to withdraw after you submit the survey, we will remove your responses from survey data if you notify the researcher within \*\*\* days/months [or by (date)].

**Risks and Benefits:**

*Describe any foreseeable risks, inconveniences and/or benefits that the participant may experience.*

We do not anticipate any risks from taking the survey, nor do we anticipate that you will derive any benefit.

Or

You may find some of the questions to be of a sensitive nature and may cause you distress or embarrassment if disclosed. If you do feel distress as a result of answering any of these questions, we invite you to contact \*\* for counseling services.

Or

As this study will ask about \*\*, there are some potential professional risks to you if your statements are critical of \*\*.

*If there are obviously no risks at all, it is permissible to leave out this section, although this decision must be justified in the BREB.*

**Confidentiality and Data Storage:**

We will treat your personal information as confidential, although absolute privacy cannot be guaranteed. However, research records identifying you may be inspected by *(Insert any other reasonably foreseeable disclosure obligations)* … and by the Bruyère Health Research Ethics Board for the purpose of auditing the research*.* The results of this study may be published, but the data will be presented so that it will not be possible to identify you, unless you give consent. De-identified data from this study may be shared with other researchers for verification, and to permit them to build upon our findings.

All research data will be encrypted [or password-protected] at the Bruyère Health Research Institute.

*When potentially identifiable data will be stored on any server:* Your data will be stored and protected by [ORGANIZATION], on servers located in [Name of Country], but may be disclosed via a court order or data breach.

After the study is completed, we will retain your anonymized data for future research use.

**OR** Your data will be retained for a minimum period of 10 years.

**Ethics Review and Contact Information:**

This study has been reviewed and approved by the Bruyère Health Research Ethics Board as study #\*\*\*\*\*. If you have any ethical concerns about the study, or the way it is conducted, please contact the Bruyère Health REB: REB@bruyere.org.

**Consent:**

*[For paper surveys:]* By completing and returning the survey, you agree to participate in the study.

*[For online surveys:]* By clicking “I Agree” you agree to participate in the survey.

I would like you to send me a summary of results from this study when they are available.

\_\_\_Yes \_\_\_No

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_