# Information Statement Procedures

*Recommended for anonymous surveys & questionnaires, particularly those administered online.*

The information statement is a waiver of the documentation of consent; however, it is not a waiver of consent. HRPP may waive the requirement of a signed consent form when:

1. The research presents no more than minimal risk and is conducted under circumstances where a written consent procedure is not normally required, OR
2. The only risk to the participants is a breach of confidentiality resulting from the documentation of identity on the consent document.

Although a participant may not sign a form, federal regulations still require that he/she is informed of the study and provides consent to participate. Your information statement **must** include the following:

* A statement that the study involves ***research***
* An explanation of the ***purposes*** of the research
* The expected ***duration*** of the subject’s participation
* A description of the ***procedures*** to be followed
* A description of reasonably foreseeable ***risks***
* A description of any ***benefits***
* A statement describing how the participant’s identity will be protected
* Your name and contact information (students should include faculty supervisor contact information)
* HSCL contact information where subjects can direct questions regarding their rights
* A statement that participation is ***voluntary*** and involvement may be discontinued at any time without penalty
* *A statement regarding internet security (when applicable)\**
* *Information regarding audio/visual recording (when applicable)\*\**
* *Information regarding compensation (when applicable)\*\*\**

Please note that the above elements do not constitute an exclusive list. When appropriate, HRPP may request that additional elements of information be provided to each subject within the information statement.

*There is no requirement that the consent designee or a witness sign the information statement. However, the PI must keep a record that consent was obtained, when it was obtained, where, and by whom. This record may or may not include the identification of the study subject, depending upon IRB requirements.*

**Please use the template on the following page.**

**Sample Information Statement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of the Study)

**KEY INFORMATION**

* This project is studying\_\_\_\_\_\_\_\_\_.
* Your participation in this research project is completely voluntary.
* Your participation will take \_\_\_\_\_\_\_\_ minutes/hours/days.
* You will be asked to do the following procedures: *[List procedures here].* More detailed information on the procedures can be found below.
* *[List possible risks or discomforts related to the study. If none, add statement explaining no risks or discomforts.]*
* *[List possible benefits to subjects or others. If none, add statement explaining no benefits.]*
* *[List alternatives to participating. For SONA, this may be an alternative assignment or alternative research study. If no alternative, state “Your alternative to participating in this research study is not to participate.”]*

**INTRODUCTION**

The Department of \_\_\_\_\_\_\_\_\_\_ at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting this study to better understand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This will entail your (completion of a survey) (participation in an interview). Your participation is expected to take approximately \_\_\_\_ minutes to complete. The content of the (survey) (interview questions) should cause no more discomfort than you would experience in your everyday life.

Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your participation is solicited, although strictly voluntary. Your name will not be associated in any way with the research findings. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. *[Include a statement describing the extent to which confidentiality of records identifying the subject will be maintained.]*

*\*It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.*

*\*\*This interview will be recorded. Recording is (not) required to participate. You may stop taping at any time. The recordings will be transcribed by (me, other investigator). Only (I, the investigator(s), and/or the faculty supervisor) will have access to recordings which will be stored [describe security measures] and will be destroyed in [time frame].*

\*\*\**You will be paid \_\_\_\_\_ for your participation in this study. Investigators may ask for your social security number in order to comply with federal and state tax and accounting regulations.*

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail.

(Completion of the survey) (Participation in the interview) indicates your willingness to take part in this study and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email irb@ku.edu.

Sincerely,

A Student A Professor, Ph.D.

Principal Investigator Faculty Supervisor

Department of \_\_\_\_\_\_\_\_\_\_ Department of \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ Hall \_\_\_\_\_\_\_\_\_\_ Hall

University of Kansas University of Kansas

Lawrence, KS 66045 Lawrence, KS 66045

(785) 864-\_\_\_\_ (785) 864-\_\_\_\_

\_\_\_\_@ku.edu \_\_\_\_\_\_\_\_@ku.edu