NYCHP Template for Participant Letter for Anonymous Surveys

Read this entire instructional page prior to beginning your consent form.

Who can use this template?

This template is intended for studies that meet all of the following criteria:

1. Will enroll adults over the age of 18 who are able to provide consent to participate in a research study.
2. Investigators will seek IRB Waiver of the requirement that participants must sign the consent form. In order to be granted a waiver of documentation the IRB must determine either:
    a. The principal risk to participants is a potential loss of confidentiality and a signed consent form is the only record linking participants to the study. **OR**
    b. The study does not involve procedures that would require written consent outside of a research context.
3. Research involves a one-time, anonymous survey (either in person or online).

NOTE: If a study meets criteria #1 and #2 but does not meet criteria #3, the researcher will need to use the Waiver of Documentation of Informed Consent Template.

Instructions for completing Participant Letter for Anonymous Surveys Template

- Read all instructions prior to drafting your Participant Letter.
- All instructional text is in RED or is Yellow Highlighted.
- RED text in brackets [ ] should be replaced with information pertinent to your study, e.g., [your name here]. All text should be changed to black before submitting.
- Yellow Highlighted text provides instructions regarding the inclusion or deletion of sections, along with helpful information for completing the section.
- Participant Letter needs to be written in laymen terms with around an 8th grade reading level when tested against the Flesch-Kincaid (FK) grade level readability test. Review the **NYCHP IRB Readability Level of Consent Documents** guidance sheet for more information.
- **Do not** copy/paste directly from your research protocol, proposal, grant application, etc.
- **Do not** alter the letterhead, header/footer, side margins, font size (11 point), or font style (Arial) of this template.

Before you attach the Participant Letter to your IRB submission, you MUST:

- Delete this instructions page, all Yellow Highlighted instructional text, and any RED text not relevant to your study.
- Change to BLACK all RED text you replaced with your study information.
- Remove all Comments, Notes, and/or Track Changes.

Participant Letter for Anonymous Surveys
NYCHP Consent to be in a Research Study Entitled

[*Title of Study (in Italics)*: must match title listed on New Protocol Submission xForm]

Who is doing this research study?

This person doing this study is [Name of Principal Investigator] with [List the academic department under which you are conducting this research study. If you are in a sub-department, list both College and Department/Academic Sub-Unit]. They will be helped by [Names of Faculty Advisor/Dissertation Chair and Co-Investigators]. Students must list their faculty advisor.

Why are you asking me to be in this research study?

You are being asked to take part in this research study because you are [Insert appropriate inclusion criteria for participation].

Why is this research being done?

The purpose of this study is to find out [Explain reason for the research study].

What will I be doing if I agree to be in this research study?

You will be taking a one-time, anonymous survey. The survey will take approximately [Insert approximate time] to complete.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

What happens if I do not want to be in this research study?

You can decide not to participate in this research and it will not be held against you. You can exit the survey at any time.

Will it cost me anything? Will I get paid for being in the study?

There is no cost for participation in this study. Participation is voluntary and no payment will be provided.

Modify the above statement and include the following information if there is study related compensation. Describe the amount or nature (provide details such as cash/check/gift card, If using a gift card as payment, please specify what retailer).

How will you keep my information private?

Your responses are anonymous. Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law. [Describe procedures for protecting privacy]. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any granting agencies (if applicable). All confidential data will be kept securely [Specify where and how data will be stored]. All data will be kept for 36 months from the end of the study [all records must be kept for a minimum of 36 months but may be kept longer if stated here] and destroyed after that time by [specify how data will be destroyed].

Who can I talk to about the study?

If you have questions, you can contact [Insert name] at [provide telephone number(s), with area code, that will be readily available during and after normal work hours]. Students must also list their faculty advisor.

Research Participants Rights
For questions/concerns regarding your research rights, please contact:

Institutional Review Board
New York College of Health Professions
(516) 000-000 / Toll Free: 1-800-922-7337
IRB@nycollege.edu

You may also visit the NYCHP IRB website at https://nycollege.edu for further information regarding your rights as a research participant.

Do you understand and do you want to be in the study?

If you have read the above information and voluntarily wish to participate in this research study, please [tell participants how to access survey].