**NSU Template for Participant Letter for Anonymous Surveys**

**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:
   1. 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**
   2. 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.
* Some sections may need to be revised in order to meet the needs of your research study (i.e. replacing template language where necessary, deleting sections that do not pertain to your study). Contact your College Representative for guidance if you feel certain section do not pertain to your study.
* This document must be submitted on the official letterhead for your NSU academic college. Please contact your College Representative for a digital template.
* Do not alter the header/footer (1.25-inch, top/bottom), side margins, font size (11 point), or font style (Arial) of this template.
* Delete this instructions page and all instructional text before submitting documents to the IRB.

**Failure to follow these instructions will result in the IRB Office sending your submission back to you for revision, which may delay final approval.**

**Participant Letter for Anonymous Surveys**

**NSU 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.

If you have questions about the study but want to talk to someone else who is not a part of the study, you can call the Nova Southeastern University Institutional Review Board (IRB) at (954) 262-5369 or toll free at 1-866-499-0790 or email at [IRB@nova.edu](mailto:IRB@nova.edu).

**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].