{*Place on departmental or applicable institutional letterhead}*



**This document may be placed at the top of an online survey, as text for a recruitment email, or elsewhere as appropriate for the protocol. It does not need to uploaded twice in the application (e.g., once in the survey and once as a separate document.)**

**Note that if this is cover letter is provided within the survey, the paragraph below that provides the link to the survey should be deleted as the user has already accessed the URL link to the survey.**

**Eliminate any wording in RED. Provide information, if applicable, prompted by the BLUE statements. Delete or edit blue sentences that do not pertain. RETURN ALL COLORED TEXT BELOW TO BLACK when you have completed your edits.**

**Radford University Cover Letter for Internet Research**

**If your consent form is longer than 3 pages you must begin the form with a concise and focus presentation of key information that is likely to assist potential subjects in understanding whether or not they want to participate. Skip this section for now and only complete the section in green if your form is longer than 3 pages. If your form is shorter than 3 pages delete all green text.**

[Key Information

Study of purpose:

Major Requirements of Study:

Significant Risks:

Potential Benefits:

Duration of Participation:

You are being invited to participate in a research study of [general statement about study]. You were selected as a possible participant because [describe inclusion criteria]. We ask that you read this form and ask any questions you may have before agreeing to be in the study. Participation is completely voluntary.]

You are invited to participate in a research survey, entitled *“[your study title here].*”  The study is being conducted by *[insert names and department here]*of Radford University *[mailing address, phone number, and email address].*

The purpose of this study is to examine *[your information here].* Your participation in the survey will contribute to a better understanding *of [your information here].* We estimate that it will take about *[approximate time length of survey]*of your time to complete the questionnaire.  You are free to contact the investigator at the above address and phone number to discuss the survey.

This study has {*more risk than/no more risk than*} you may find in daily life. *{If there are risks, then state them. Any risks provided in the IRB application should be included here. Please include how those risks will be minimalized.*

Example statements: “There are no anticipated risks from participating in this research.”

“We anticipate that your participation in this survey presents no greater risk than everyday use of the Internet.”

“Some of the questions we will ask you as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions, take a break or stop your participation in this study at any time”.

*If data is collected using an online survey or data collection tool (even if anonymous):*The research team will work to protect your data to the extent permitted by technology. It is possible, although unlikely, that an unauthorized individual could gain access to your responses because you are responding online. This risk is similar to your everyday use of the internet.*}*

{If applicable, edit the following as appropriate to your study.} Identification numbers associated with email addresses will be kept during the data collection phase for tracking purposes only. [Specify whether IP addresses will be recorded. Also, delete or revise the sentences in blue throughout this paragraph and this document if they do not pertain to your study appropriately.] A limited number of research team members will have access to the data during data collection.  Identifying information will be stripped from the final dataset. 

Your participation in this survey is voluntary.  You may decline to answer any question and you have the right to withdraw from participation at any time without penalty.  If you wish to withdraw from the study or have any questions, contact the investigator listed above. If you choose not to participate or decide to withdraw, there will be no impact on your *{grades/academic standing, employment, access to medical care] [If applicable, describe how individuals may withdraw from the study} {If the research involves experimental treatments/interventions, describe any non-experimental alternatives that may be available. For students receiving course credit, alternatives to research participation should be mentioned here.}*

If you have any questions or wish to update your email address, please call *[insert name here]*at *[phone number –* **be sure all phone number formats match whatever format is to be used throughout this document]** or send an email to *[email address].* You may also request a hard copy of the survey from the contact information above.

*To complete the survey, click on the link below:*

*[http://link to survey url]  
The password for the survey is [password],* ***if there is one****.* [Note – if this cover letter is provided at the beginning of an online survey, this portion is not required as the user has already accessed the link. Please delete as appropriate.]

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Orion Rogers, Interim Dean, College of Graduate Studies and Research, Radford University, jorogers@radford.edu, 1-540-831-5958.

If you agree to participate, please ***press the arrow button at the bottom right of the screen****. Otherwise use the X at the upper right corner to close this window and disconnect.*

Thank you.  [Make sure that these instructions for beginning or exiting your survey match with the selections made for these purposes in the actual survey.]