**IRBF029: ZOOM INFORMED CONSENT for EXEMPT PROTOCOLS**

**(Use this consent template for conducting Zoom interviews or other virtual interactions)**

**General Information**

1. Use this form for administering informed consent before a Zoom interview.
2. This template is suitable for studies that qualify for Exempt
3. Alterations and waiver of this template are NOT permitted
4. The Faculty Advisor information will be removed at the review/approval stage if the PI is NOT a student
5. The investigators will not be allowed to record the interview (video as well as audio)

**Instruction for completing this form (Pre-Approval)**

1. This form contains TWO sections:
2. General Information section (Part A): This section will be signed by the researcher after the approval and it has to be sent to participant. Therefore, provide adequate information about the research in each field such that the information is not too long but sufficient to disclose the most important aspects of the study.
3. The consent section (Part B): This will be administered by the investigator prior to the start of the interview.
4. Other than the actual signatures, the text boxes in two sections must be properly completed before submitting for IRB approval.
5. The investigators have the option for requesting the removal of certain elements in this form by entering their justification in the boxes highlighted in yellow. All of the pre-approval request boxes will be removed at the approval stage.

**Instruction for administering informed consent (Post-Approval)**

1. Send the entire informed consent template with the PI’s signature in Part A to the participants; the consent document can be a PDF sent by email.
2. The volunteer should read the document and indicate if s/he is interested in this research. The PI must provide a mode of secure correspondence through which the volunteer would send initial consent, such as email.
3. The investigator can then arrange the Zoom meeting using his/her MTSU Zoom account. The Zoom link can be accessed by the participant through his or her own Zoom account loaded on their device or just use the web-browser to connect to the meeting
4. The MTSU IRB recommends that the participant be encouraged to use the web-browser for running Zoom to avoid using participant’s personal account details
5. The investigator will remind the participant on the study prior to the start of the interview.
6. The investigator will complete and document the informed consent by using “Research Copy” of this document.
7. **THERE WILL BE NO VIDEO/AUDIO RECORDING**



**IRB**

**INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,

010A Sam Ingram Building,

2269 Middle Tennessee Blvd, Murfreesboro, TN 37129

**INFORMED CONSENT for ZOOM INTERVIEW**

(Part A – Participant’s Copy)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Study Title*** |  | | | |  |
| ***Primary Investigator(s)*** |  | | | ***Student*** | |
| ***Faculty Advisor*** | (if PI is a student) | | | | |
| ***Department & College*** |  | | | | |
| ***Contact information*** |  | | | | |
|  |  | | | | |
| ***IRB ID*** | **21-####** | ***Approval*:** **NOT APPROVED** | ***Expiration*:** | | |

Dear Participant,

On behalf of the research team, the Middle Tennessee State University (MTSU) would like to thank you for considering to take part in this research study. You have been contacted by the above identified researcher(s) to enroll as a participant in this study because you met its eligibility criteria.

This consent document describes the research study for the purpose of helping you to make an informed decision on whether to participate in this study or not. It provides important information related to this study, possible interventions by the researcher(s) and proposed activities by you. This research has been reviewed by MTSU’s internal oversight entity - Institutional Review Board (IRB) - for ethical practices in research (visit [www.mtsu.edu/irb](http://www.mtsu.edu/irb) for more information).

As a participant, you have the following rights:

* Your participation is absolutely voluntary and the researchers cannot force you to participate
* If you refuse to participate or to withdraw midway during this study, no penalty or loss of benefits will happen
* The investigator MUST NOT collect identifiable information from you, such as, name, SSN, and phone number
* The researcher(s) can only ask you to complete an interview or a survey or similar activities and you must not be asked to perform physical activities or offer medical/psychological intervention
* Any potential risk or discomforts from this study would be lower than what you would face in your daily life
* **There will be NO VIDEO or AUDIO recording of the interviews.**

After you read the following disclosures, you can agree to participate in this study by completing “Part B” of this informed consent document. You do not have to do anything further if you decide not to participate.

1. **What is the purpose of this study?**

<Type or Paste - Do not Leave Blank>

1. **What will I be asked to do in this study?**

<Type or Paste - Do not Leave Blank>

1. **How many times should I participate or for how long?**

<Type or Paste - Do not Leave Blank>

1. **What are the risks and benefits if I participate?**

<Type or Paste - Do not Leave Blank - INCLUDE INFORMATION ON ANY COMPENSATION>

1. **What will happen to the information I provide in this study?**

<Type or Paste - Do not Leave Blank>

1. **What will happen if I refuse to participate and can I withdraw if I change my mind in the middle?**

<Type or Paste - Do not Leave Blank>

1. **Confidentiality Statement:** All efforts, within reason, will be made to keep the personal information in your research record private but total privacy cannot be promised, for example, your information may be shared with the MTSU IRB. In the event of questions or difficulties of any kind during or following participation, you may contact the Principal Investigator as indicated above. *For additional information about giving consent or your rights as a participant in this study, please feel free to contact our Office of Compliance at (615) 898 2400.*
2. **Compensation:** <Type or Paste - Do not Leave Blank>
3. **Study-related Injuries and bodily harms:** This interview will be conducted via Zoom and no injuries or harms are expected. The investigators will not ask any sensitive matters that could cause discomfort.
4. **Exemption Criteria:** The IRB has determined that this investigation consists of lower than minimal risk and it is exempt from further IRB processes based on the criteria: *“Category 2 - Educational Tests.”*
5. **Whom can I contact to report issues and share my concerns?**

Of you should have any questions about this research study or possibly injury, please feel free to contact       by telephone       or by email       OR my faculty advisor,      , at      . For additional information about giving consent of your rights as a participant in this study, to discuss problems, concerns and questions, or to offer input, please feel free to contact the MTSU IRB by email: [compliance@mtsu.edu](mailto:compliance@mtsu.edu) or by telephone (615) 494 8918.

**You do not have to do anything if you decide not to participant in this study.** But if wish to enroll as a participant, please complete “Part B” of this informed consent form and return it to the researcher. Please retain the signed copy of “Part A” for your future reference. If you are unable to complete Part B, then indicate your interest to the investigators as directed in the recruitment script and the investigator will administer this consent verbally prior to the Zoom interview

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**IRB**

**INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,

010A Sam Ingram Building,

2269 Middle Tennessee Blvd, Murfreesboro, TN 37129

**INFORMED CONSENT**

(Part B – Researcher’s Copy)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Primary Investigator(s)*** |  | | | | | **Student** |
| ***Contact information*** |  | | | | | |
| ***Department & Institution*** |  | | | | | |
| ***Faculty Advisor*** |  | | ***MTSU Department*** | |  | |
| ***Study Title*** |  | | | | | |
| ***IRB ID*** | **21-####** | **Approval: NOT APPROVED** | | **Expiration:** | | |

***The investigator will read the following prior to the Zoom interview:***

You have been contacted by the investigator(s) because the researchers believe you meet the eligibility criteria to participate in the above referenced research study. You must NOT be asked by the investigator(s) to do anything that would pose risk to your health or welfare, such as:

* Identifiable information – name, phone number, SSN, address, College ID, social media credentials (FaceBook page, twitter, etc.), email, identifiable information of closest relatives and etc.
* You will not be asked to do any physical activities – like exercise studies
* There will no medical intervention – testing drugs, collection of blood/tissue samples or psychological questions or other sensitive questions
* Nothing risky – any proposed activity that would expose you to more risk than what you would face on a day to day basis is not approved by the IRB
* NO Video or Audio recording of this interview will be done

However, you can do the following:

* Withdraw from the study at any time without consequences
* Withdraw the information you have provided to the investigators before the study is complete
* Ask questions so the researcher must explain the procedures used in the research verbally.

|  |  |  |
| --- | --- | --- |
| ***The investigator will ask these questions and participant will respond with Yes or NO*** | **NO** | **YES** |
| * You have read investigator(s)’ disclosure (Part A) for the above identified research? |  |  |
| * Did the researcher(s) explain the procedures to be conducted verbally? |  |  |
| * Do understand each part of this study and have we answered your questions? |  |  |
| * Do you understand that you can withdraw at any time? |  |  |
| * Did you receive a signed copy of this consent template? |  |  |
|  |  |  |

***The investigator will ask this final question:***

Do you consent to participate in this study? Yes No

***The investigator will save this page by completing the following and documenting the informed consent***

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Name and Signature of the INVESTIGATOR DATE