**IRBF030: ZOOM INFORMED CONSENT for EXPEDITED 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 Expedited as well as a full review.
3. Alterations and waiver of this template are strongly discouraged. The elements not applicable to the study can be indicated by the provided check boxes with a suitable justification.
4. There are options to administer this informed consent through Qualtrics if the PI wishes to start the Zoom interview without going through an elaborate informed consent process.
5. The Faculty Advisor information will be removed at the review/approval stage if the PI is NOT a student.

**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 signature section (Part B): This will be signed by the participant prior to the interview. Since the interview will be held via zoom, the signature section 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 BLUE. All of the pre-approval request boxes and instructions (highlighted in blue) will be removed at the approval stage.

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

After the approval of this protocol follow these steps for administering this step via Zoom

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 “Part B: Research Copy” of this document.

**IRBF030 – Zoom Interview Informed Consent for Expedited Protocols**

**INFORMATION AND DISCLOSURE SEGMENT**

**(Part A. Participant 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*:**  |

The following information is provided to inform you about the research project in which you have been invited to participate. Please read this disclosure and feel free to ask any questions. The investigators must answer all of your questions prior to your participation and you must be given a signed copy of this disclosure.

* Your participation in this research study is voluntary.
* You are free to withdraw from this study at any time without loss of any benefits.
* In the event new information becomes available that may affect the risks or benefits associated with this research study, you will be notified so that you can make an informed decision at that time.

For additional information on your rights as a participant in this study, please contact the MTSU Research Compliance (Tel 615-494-8918 or send your emails to irb\_information@mtsu.edu. (URL: http://[www.mtsu.edu/irb](http://www.mtsu.edu/irb)).

**Please read this section and retain this for future reference. Once you have completed reading this section, please give consent as directed in the end of this document if you wish to enroll.**

1. **What are the prime types of physical contact the participant will have?**

The participant will have the following type(s) of contact(s) with the investigators or/and other participants at least sometimes during this research:

[ ]  1.1 ***Virtual Interactions***

*[ ]  Qualtrics [x]  Zoom [ ]  Telephone [ ]  Other*

[ ]  1.2 ***In person interactions***  **NONE**

1. **What is the main category of this research?**

[ ]  2.1 ***Educational Tests*** [ ]  2.2 Social/***Behavioral Evaluation***

[ ]  2.3 ***Psychological intervention or procedures*** [ ]  2.4 ***Physical Evaluation or Procedures***

[ ]  2.5 ***Medical Evaluation*** [ ]  *2.6 Clinical Research*

[ ]  *2.7* ***OTHER***

|  |
| --- |
| **Definitions THIS BOX WILL BE REMOVED AFTER APPROVAL;** **The participants will not see this box****Educational Tests:** Study involves either standard or novel education practices which consists educational testing and such studies expose the participants to lower than minimal risk**Behavioral Evaluations:** Although the study may or may not involve educational tests, the specific aim is to understand social and/or behavioral characteristics. The following classifications indicate that the participant will be asked to perform or part-take in physical activities or procedures. Examples of such studies simple physical exercises, medical or clinical intervention, pharmaceutical testing and etc. Due to the nature of these studies, you may be exposed risky situations thay may exceed normal day-to-day scenarios.**Psychological Interventions/procedures****Physical Evaluations/procedures****Medical evaluations/Procedures****Other**:       |

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

1. **What type of data will be collected from you?**

1. **What are procedures we intend on doing to collect the above described data?**

[ ]  5.1 ***Audio recording*** [ ]  5.2 ***Video Recording*** [ ]  5.3 ***Photography*** [ ]  5.4 ***NO audio/video recording***

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

1. **What are we planning to do with the data collected using your participation?**

1. **What are the expected results of this study and how will they be disseminated?**

|  |
| --- |
| **Pre-Approval Requests: THIS BOX WILL BE REMOVED AFTER APPROVAL****The participants will not see this box****[ ]  NOT APPLICABLE; Justification:**        |

1. **What is the approximate time commitment not including your preparation time for participating in this study?**

1. **What are your expected costs to you, your effort, and etc.?**

|  |
| --- |
| **Pre-Approval Requests: THIS BOX WILL BE REMOVED AFTER APPROVAL****The participants will not see this box****[ ]  NOT APPLICABLE; Justification:**        |

1. **What are the potential discomforts, inconveniences, and/or possible risks that can be reasonably expected as a result of participation in this study?**

1. **What are the anticipated benefits from this study?**
	1. ***The benefits to science and humankind that may result from this research:***

* 1. ***The direct benefits to you:*** DEFAULT - There are no direct benefits to the partipants ***Instruction: List only the benefits that are available only in the context of this research that is not available to the participants outside the context.***
1. **How will you be compensated for your participation?**

1. **Are there any alternatives to this study such that you could receive the same benefits?**

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| --- |
| **Pre-Approval Requests: THIS BOX WILL BE REMOVED AFTER APPROVAL****The participants will not see this box****[ ]  NOT APPLICABLE; Justification:**        |

1. **Will you be compensated for any study-related injuries or harms?**

|  |
| --- |
| **Pre-Approval Requests: THIS BOX WILL BE REMOVED AFTER APPROVAL****The participants will not see this box****[ ]  NOT APPLICABLE; Justification:**        |

1. **Circumstances under which the researcher may withdraw you from this study:**

|  |
| --- |
| **Pre-Approval Requests: THIS BOX WILL BE REMOVED AFTER APPROVAL****The participants will not see this box****[ ]  NOT APPLICABLE; Justification:**        |

1. **What happens if you choose to withdraw your participation?**

1. **Can you stop the participation any time after initially agreeing to give consent/assent?**

1. **Contact Information.** If 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 or by telephone (615) 494 8918.
2. **Confidentiality.** All efforts, within reason, will be made to keep your personal information private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board, Federal Government Office for Human Research Protections, *if* you or someone else is in danger or if we are required to do so by law.

**You do not have to do anything if you decide not to participate**. If you wish to enroll, then please indicate to the investigator that you are interested in participating. You will then give consent verbally via Zoom. The PI will schedule an interview via the virtual platform Zoom. The PI will also give you directions on how to setup Zoom in your PC or mobile device. You will be given an opportunity to review the research again before the Zoom session and the PI will use the signature section (Part B) to confirm and document your consent.

Consent obtained by:

Researcher’s Signature Name and Title Date

---- The following reviewer section will be revealed only at the review stage------------------------------------------

**Reviewer’s Assessment of the Informed Consent – Part A**

|  |  |
| --- | --- |
| The proposed informed consent reflects the details and procedures provided in the protocol application **Critique**       | [ ] Yes [ ] No |
| PI Response:        |
| The risks and discomforts are clearly explained. **Critique**       | [ ] Yes [ ] No |
| PI Response:        |
| Revisions are needed in the disclosure Part A (Describe the deficiencies with appropriate item number.**Recommended Revisions:**       | [ ] Yes [ ] No [ ] N/A |
| PI Response:        |
| The PI’s request to omit certain elements is reasonable and the justification provided is satisfactory. **Critique**       | [ ] Yes [ ] No[ ] N/A |
| PI Response:        |

**IRBF030 – Participant Informed Consent for Zoom Interviews**

 **(Part B: Researchers’ Copy)**

|  |  |  |
| --- | --- | --- |
| ~~Primary Investigator(s)~~ |  | **~~Student~~** ~~[ ]~~  |
| ~~Contact information~~  |  |
| ~~Department/Institution~~ |  |
| ~~Faculty Advisor (FA)~~ |  | ~~Department~~ |  |
| ~~Study Title~~ |  |
| **~~IRB ID~~** | **~~NOT APPROVED~~** | **~~Expiration~~** | **~~NOT APPROVED~~** |

**PARTICIPANT SECTION**

***(To be filled by the researchers)***

***The investigator will fill this section to document Informed Consent:***

|  |  |  |
| --- | --- | --- |
| Participant Name or ID | (print)       | Age:  |

***The investigator will read these questions and record the responses from the participants:***

|  |
| --- |
| **Instruction to fill this section before IRB Review:** *This box and the first column will be removed in the approved template** Consent items are listed below; please SELECT the consent items applicable to your research by checking the box in the first column.
* Some mandatory items are preselected; however, requests to remove the preselected items may be provided with justification in Appendix G of the Expedited/Full application.
* The participant will give consent by checking yes/no in the right column

The investigator may add more disclosures in the blank fields provided below. |
| **PI Select** | ***Consent Question*** | **Participant Response**  |
| [x]  | You confirm that you have read this informed consent document | [ ] No [ ] Yes |
| [x]  | You confirm that the research procedures to be conducted have been explained to you verbally | [ ] No [ ] Yes |
| [x]  | You understand all of the interventions? | [ ] No [ ] Yes |
| [x]  | Did we answer all of your questions? | [ ] No [ ] Yes |
| [x]  | You are aware of the potential risks and discomforts? | [ ] No [ ] Yes |
| [ ]  | You understand that you will be  and analyzed | [ ] No [ ] Yes |
| [ ]  | Do you agree to allow my information to be retained by the investigator for use in future research studies? | [ ] No [ ] Yes |
| [ ]  | You give permission to share any information collected from me, including audio/video data, with individuals outside this research study? | [ ] No [ ] Yes |
| [ ]  | Can we contact you in the future for questions related to this study or recruitment for a different study? | [ ] No [ ] Yes |
| [ ]  |       | [ ] No [ ] Yes |
| [ ]  |       | [ ] No [ ] Yes |
| [ ]  |       | [ ] No [ ] Yes |
| [ ]  |       | [ ] No [ ] Yes |

***The investigator will read the following and record the responses from the participants:***

You affirm that you freely and voluntarily choose to participate in this study. You also understand you can withdraw from this study at any time without facing any consequences.

 ***Participant’s Response:***

 [ ]  YES

 **[ ]** NO

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| --- | --- | --- |
| Informed Consent obtained by:  |  | Faculty Verification (if administered by a student) |
|  |  |  |
| Name Signature Date |  | Name Signature Date |

**DO NOT begin this Research before IRB approval**

**Reviewer’s Assessment of the Signature Section – Part B (Zoom Interview)**

|  |  |
| --- | --- |
| The selections by the PI and the checkable consent items are appropriate. **Critique**       | [ ] Yes [ ] No |
| PI Response:        |
| This disclosure is necessary but the following may be omitted. **Recommended Revisions:**       | [ ] Yes [ ] No |
| PI Response:        |
| Additions are needed. The following check box items be added to this section to accurately reflect the protocol. **Recommended Revisions:**       | [ ] Yes [ ] No [ ] N/A |
| PI Response:        |