**EXAMPLE 2**

From: **[Insert Name]** <rcs@learningbridge.com>
Date: [INSERT DATE]
Subject: Invitation to the Relational Coordination Survey

**INFORMED CONSENT FORM TO TAKE PART IN RESEARCH**

**[Insert Project Title]**

**INVITATION TO TAKE PART**

You are invited to take part in a research project called, **[Insert Project Title]** conducted **by [Insert Name of Organization]**. Other members of **[Insert group being surveyed]** are also being asked to participate in this research, and at the time of study initiation this includes approximately xx total team members.

Your decision to take part is voluntary. You may refuse to take part or choose to stop from taking part, at any time. A decision not to take part or to stop being a part of the research project will neither affect your employment status nor affect your annual performance review.

You may refuse to answer any questions asked or written on any forms. This research project has been reviewed by **[Insert IRB information and approval number]**.

**PURPOSE**

The purpose of this research study is to determine…

**[Insert brief description of study approach, scope and groups to be surveyed]**.

**PROCEDURES**

What to expect as a subject:

If you agree to take part in this study you will answer an online survey that asks about the frequency, timeliness, and accuracy of communication among your workgroup, about problem-solving communication among your workgroup, and the degree to which you and your coworkers share goals, share knowledge, and have mutual respect.

**TIME COMMITMENT**

• Survey questionnaires can be completed while you are at work, and will be considered part of your paid work for time reporting purposes.

• Each survey is estimated to require approximately **xx** minutes to complete, but may take more or less time for each individual.

• The survey questionnaires will be repeated **xx** number of times over the course of **[insert time period]**.

**BENEFITS**

Explain the value of the study and the insights the research team is hoping to gain.

**RISKS TO PARTICIPANTS**

This survey-based research poses minimal or no risk to participants.

**ALTERNATIVES**

The only alternative to participation is to decline to take part in this study.

**STUDY WITHDRAWAL**

Your decision to take part in this research is voluntary. You may decide to stop taking part in the study at any time. A decision not to take part or to stop being a part of the research project will not affect your employment with **[Insert Organization]** in any way.

If you decide to withdraw from the study, any data you have already submitted it, it will still be used in the research project, but will be confidential as described below.

**CONFIDENTIALITY**

The responses to this survey will be kept completely confidential. The data from this survey will be analyzed in aggregate at the level of the team and by role; your individual responses to questions will not be shared with anyone outside of the research team and the survey provider.

**QUESTIONS**

If you have questions at any time about this research study, please feel free to contact **[insert key contact and/or PI and relevant contact information]**. You can contact the study team to discuss problems, voice concerns, obtain information, and offer input, in addition to asking questions about the research. If you have questions regarding your rights as a research participant, you may contact **[insert IRB contact information and IRB study number]**.

**SIGNATURE**

By clicking the survey link included below, you consent to participate in this study. Click the survey link below only if you understand that:

(a) Your participation is completely voluntary, and that declining to participate will not affect your employment with **[insert organization]** in any way.

(b) You have the right to withdraw from the study at any time, and that doing so will not affect your employment with **[insert organization]** in any way.

(c) Any questions or concerns about the study can be answered by calling the study team at**[key contact and/ or PI contact information]**. If you have questions about your rights as a research participant contact **[Insert IRB contact information and IRB study number].**

(d) The benefit of this study is that it will help inform **[insert a statement of perceived benefits or insights to be gained and expected value]**.

(e) It is expected that this research poses minimal risk to participants. Your confidentiality is guaranteed, as no individual results will be published or released without permission.

I have read and understand the above consent form, I certify that I am 18 years old or older.

You have been identified as being part of the **[participantworkgroupname]** workgroup. Answer each question based on your experience as part of this workgroup.

By clicking the survey link below, I indicate my willingness to voluntarily take part in the study:

[INSERT UNIQUE WEB LINK]

We ask that you complete the survey by **[Insert Deadline]**

If you encounter any technical problems, please contact LearningBridge at help@learningbridge.com.