



The Ohio State University Consent to Participate in Research

Study Title: CHRR American Population Panel

Researcher: Dr. Elizabeth Cooksey

Sponsor: The Ohio State University

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose

We are inviting you to be part of the American Population Panel, which is made up of people who agree to be contacted in the future about participating in social science and health-related surveys conducted by CHRR at The Ohio State University for research purposes. You will always be told what the survey is about and why we believe the research is important to undertake.

Procedures/Tasks

To become a member of the Panel, you will answer a few basic questions about yourself. This information will enable us to match you to future surveys. We will keep Panel members' information securely for up to 10 years. Panel members have full control over their profiles, their participation, and will be able to opt out of the panel at any time.

Duration

Answering the basic questions about yourself will take less than three minutes of your time.

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Incentives

You will not receive any payment for completing the registration form. Payment for future surveys will vary depending on the study. By law, payments to participants are considered taxable income.

Risks and Benefits

The main risk in your participation would be a breach in data confidentiality, a risk we believe is extremely low due to our institution's strong security measures. We do not foresee any other risks or discomforts from this. The general benefit is the opportunity to be a participant in future research surveys.

Confidentiality

All personnel associated with this study have signed a legal document in which they pledge to protect the confidentiality of the information that you provide. Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;

Will my de-identified information be used or shared for future research? **No.**

Participants Rights

You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of research participants.

Contacts and Questions

For questions, concerns, or complaints about the study, or you feel you have been harmed as a result of study participation, you may contact CHRR at The Ohio State University at 866-448-6075 or email panel@chrr.osu.edu.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Office of Responsible Research Practices at 1-800-678-6251.

Signing the Consent Form

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of participant

Signature of participant

AM/PM

Date and time

Printed name of person authorized to consent
for participant (when applicable)

Signature of person authorized to consent for
participant (when applicable)

AM/PM

Date and time