

UNIVERSITY OF SOUTHERN MAINE
SAMPLE LETTER FOR AN ANONYMOUS SURVEY

Dear Prospective Participant,

My name is _____. I am a (student/faculty member/staff member) from the University of Southern Maine.

- You are being asked to be in an anonymous survey about [insert a general statement about your study here].
- You were selected as a possible participant because [explain how your subjects are identified, and include any exclusionary criteria].
- Please read this form and determine if you would like to complete this survey. You must be 18 years or older to participate.
- **YOUR PARTICIPATION IS VOLUNTARY.**

PURPOSE OF SURVEY:

- The purpose of this survey is [briefly explain the purpose of your study in lay language].
- The total number of participants is expected to be [insert number].

DESCRIPTION OF SURVEY PARTICIPATION:

- This survey is expected to take [provide approximate time for survey].
- If you agree to participate in this survey, we would ask you to do the following things:
 - **PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY**
 - Please complete the enclosed survey to your comfort level.
 - Please return the completed survey to [explain process for returning survey to researcher] by [provide deadline for survey submission].
 - [Explain any additional actions to be taken by participants].
- If you choose not to participate, no further action is required from you. **Your participation is voluntary.** If you choose not to participate, it will not affect your current or future relations with the University [or with other cooperating institutions (insert name)].
- [If you would like respondents to have access to the results, include instructions for obtaining a copy].

RISKS TO PARTICIPATION IN THIS SURVEY:

[OPTIONS: select one]

1. The study has the following risks: *[Please describe any reasonably foreseeable risks or discomforts to the subjects].*
2. There are no foreseeable risks or discomforts associated with participation in this study.

BENEFITS OF PARTICIPATION IN THIS SURVEY:

[OPTIONS: select one]

1. The benefits of participation are: *[explain benefits of participation that will be gained by the participants and/or others].*
2. There are no direct benefits to participating in this study.

CONFIDENTIALITY AND PRIVACY OF DATA:

- This survey is anonymous and records of this study will be kept confidential to the extent allowed by law. *[Please outline for the participants how this will be kept confidential. Explain where the data will be kept secure after it is collected; who will have access to the data and what will happen to the collected individual data once the study is completed].*
 - *Examples include:*
 - *Research records will be kept in a locked file in the office of the Principal Investigator;*
 - *The individually collected data will be destroyed after the study is completed;*
- Access to the records will be limited to the researchers; however, please note that sponsors, funding agencies, regulatory agencies, and the Institutional Review Board may review the research records.
- In any sort of report we may publish, we will not have access to any information that will make it possible to identify a participant.
 - *[If you know how you will be publishing your results, please disclose this information to the participants].*

CONTACTS AND QUESTIONS:

- If you believe you may have suffered a research related injury, contact *[name of researcher or faculty mentor if researcher is a student]* at *[telephone number and email address]* who will give you further instructions.
- If you have any questions about your rights as a research subject, the study itself, or any research-related injuries, you may contact: Director, Office of Research Compliance, USM at (207)780-4268, or usmirb@usm.maine.edu, or TTY (207)780-5646.

Thank you for your consideration.

Sincerely,

(Provide your name and contact information)