



Implied Informed Consent Form for Social Science Research
The Pennsylvania State University

ORP OFFICE USE ONLY
DO NOT REMOVE OR MODIFY
IRB# Doc. #
The Pennsylvania State University
Institutional Review Board
Office for Research Protections
Approval Date:
Expiration Date:

Title of Project: Public perceptions of cell lysis

Principal Investigator: Leland Glenna
Department of Agricultural Economics and Rural Sociology
The Pennsylvania State University
106 Armsby Building
University Park, PA 16802
(814) 863-8636; llg13@psu.edu

Other Investigator(s): Tom Richard
Department of Agricultural and Biological Engineering
The Pennsylvania State University
249 Agricultural Engineering Building
University Park, PA 16802
(814) 863-0291; tlr20@psu.edu

1. **Purpose of the Study:** The purpose of this research study is to explore public perceptions of cell lysis in relation to other agricultural genetic engineering techniques.

2. **Procedures to be followed:** You will be asked to answer questions on a survey, watch an educational video, and then answer questions on another survey.

3. **Discomforts and Risks:** There are no risks in participating in this research beyond those experienced in everyday life.

Benefits: This research will offer feedback to researchers on how the public perceives different types of applications of genetic engineering in agriculture. The results may help researchers understand why perceptions vary.

4. **Duration:** It will take about two hours to complete the survey, watch the video, and complete a second survey.

5. **Statement of Confidentiality:** Your participation in this research is confidential. And your confidentiality will be kept to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties. However, the survey does not ask for any information that would identify who the responses belong to. The Pennsylvania State University's Office for Research Protections, the Institutional Review Board and the Office for Human Research Protections in the Department of Health and Human Services may review records related to this research study. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared because your name is in no way linked to your responses.

6. **Right to Ask Questions:** Please contact Leland Glenna at (814) 863-8636 with questions, complaints or concerns about this research. You can also call this number if you feel this study has harmed you. If you have any questions, concerns, problems about your rights as a research participant or would like to offer input, please contact The Pennsylvania State University's Office for Research Protections (ORP) at (814) 865-1775. The ORP cannot answer questions about research procedures. Questions about research procedures can be answered by the research team.

7. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise. Completion and return of the survey is considered your implied consent to participate in this study. Please keep this form for your records.

You must be 18 years of age or older to take part in this research study.

Completion and return of the survey implies that you have read the information in this form and consent to take part in the research.

Please keep this form for your records or future reference.

FOR ADDITIONAL ITEMS THAT MAY PERTAIN TO YOUR STUDY, PLEASE SEE THE “GUIDELINES FOR DEVELOPING A SOCIAL SCIENCE INFORMED CONSENT FORM” - http://www.research.psu.edu/orp/areas/humans/samples/consent_dev.asp REMOVE this statement after creating form.