

Informed Consent

Introduction and Purpose of Study

The purpose of this study is to learn more about how people feel about organ donation.

Description of the Research

You are being asked to complete a survey that will take about [30] minutes of your time. The survey will ask about your thoughts and feelings towards organ donation. You will also be asked to watch a short video that will talk about organ donation from different people's views. We will ask you about how the video made you feel.

Eligibility

You must live in the state of New York to complete this survey. If you do not currently live in New York, you are not eligible to complete the survey.

Your participation can also be rejected for any of the following reasons:

- You did not agree to participate
- You reside outside of the US
- You failed to answer a question(s) that checked to see if you read and understood the instructions

This follows Amazon Mechanical Turk policy, which states that "a Requester may reject your work if the HIT is not completed correctly or the instructions were not followed."

Potential Risks and Discomforts

There are no known risks associated with completing this survey.

Potential Benefits

There are no direct benefits to participating. The results of this survey will be used to inform the researchers to make an intervention program that specifically address New York residents' concerns about becoming an organ donor.

Confidentiality

Your specific responses to the survey will be confidential. The information that we collect from you will be stored on a secure server. We will only report "group" data- meaning that it will be based on information from many people.

Compensation

You will be paid \$5 upon completion of the survey. If you do not complete the survey all the way through, you will not receive payment.

Voluntary Participation Your participation in this survey is voluntary. You do not have to participate, may refuse to participate, or can withdraw from the survey at any time, simply by exiting out of the survey window. When you are finished with the survey, please do not close the survey window. Copy and paste the survey code into the appropriate Mturk box. If you have questions or concerns, please feel free to contact Kayla Finuf, M.S. (KFinuf@northwell.edu).

You may print a copy of this consent document for your records.

Consent and Authorization

If you are interested in participating in this study, click the CONSENT button. If you are NOT interested in participating in the study, click the NO CONSENT button.

- CONSENT
- NO CONSENT

Authorization Statement (if consent given)

By consenting to participate in this survey, you are aware that:

- You will be asked about your thought and feelings towards organ donation
- You must be a resident of New York State to continue
- You must answer the questions that checked to see if you read and understood the instructions correctly to be compensated
- There are no known risks or benefits to participating
- Your responses are kept confidential

Do you wish to continue?

- YES, I WISH TO PARTICIPATE
- NO, I DO NOT WISH TO PARTICIPATE