



INTERNET-BASED SURVEY POLICY

Introduction and Rationale:

Surveys conducted via the internet can efficiently gain information. This policy attempts to balance members ability to use the society's email and Listserv capability with our members desire to minimize SPAM and preserve the integrity of the ASCRS. The following guidelines will apply to all requests and surveys conducted using the ASCRS internet capabilities. Deviations from these guidelines requires specific approval of the ASCRS Executive Council.

Definitions:

For this policy, a Survey is a list of questions or requests for information that is distributed via email using the ASCRS administrative office capabilities. Activities on the Listserv should be limited by its policy.

Survey Content:

Surveys must be designed to obtain useful information, be scientifically constructed and be free of bias. The confidentiality of the responder must be maintained unless specific permission is obtained from the respondent.

Procedure:

- Requests to conduct a Survey must be made to the ASCRS Survey Assessment Task Force by submitting the attached survey request form, payment form and IRB approval.
- Requesters must be members or fellows of the ASCRS or be sponsored by a Member or Fellow of the ASCRS.
- The ASCRS Survey Assessment Task Force must approve all survey requests.
- The ASCRS may elect to add a disclaimer with the survey or place additional restrictions on the survey or its results.
- The ASCRS retains the rights to review the results of the survey (eg. publication in *Diseases of the Colon and Rectum*, presentation at a meeting, release to third party, etc).
- The ASCRS will not endorse any survey, its presentation or publication.
- Survey requests must show proof of IRB approval.
- The credit card provided will be charged once the Task Force has approved the survey.

Data from Survey:

Data or results arising out of the performance of any survey shall not be used for the commercial benefit of the Institution or Principal Investigator. The Institution and Principal Investigator agree that the ASCRS shall have the right to first refusal for publication of the results of the study. The Institution and/or Principal Investigator should submit the proposed publication to the ASCRS Executive Council for review at least sixty (60) days prior to the date of the proposed submission for publication. ASCRS Executive Council may remove from the proposed publication any Information other than study data and results. The Institution and the Principal Investigator agree not to publish the study results other than in accordance with this Section.

ASCRS will comply with the ICMJE's current Uniform Requirements for Manuscripts submitted to Biomedical Journals: Writing and Editing for Biomedical Publications: Obligation to Register Clinical Trials.

Failure to Comply:

Failure to comply with these guidelines may, at the discretion of the Executive Council, result in modification of members' privileges to use the ASCRS internet or membership action to violators.

Fees:

\$250.00 – ASCRS Members \$1,000.00 – Non-Members



The American Society of Colon and Rectal Surgeons

85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005
Phone: (847) 290-9184
Fax (847) 427-9656
Website: www.fascrs.org

REQUEST FOR INTERNET-BASED SURVEY

Please type or print clearly.

REQUESTER'S INFORMATION

NAME		ASCRS STATUS*	
COMPANY/SCHOOL NAME		*IF NOT A MEMBER, ASCRS SPONSOR	
ADDRESS 1		ADDRESS 2	
CITY	STATE	ZIP	COUNTRY
PHONE	FAX	EMAIL ADDRESS	

SURVEY INFORMATION

TITLE OF SURVEY _____

PURPOSE OF SURVEY _____

PLANNED USE OF RESULTS _____

APPLICANT VERIFICATION

Incomplete survey requests will result in delayed processing. Please submit the following completed documents to elainamccalmont@fascrs.org:

- Final Version of Survey in Word Document format
- IRB Approval Form
- Completed Payment Form

I HAVE READ AND AGREE TO COMPLY WITH THE ASCRS POLICY ON INTERNET-BASED SURVEY.

DATE _____ SIGNATURE _____

Date approved by ASCRS Council _____



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INTERNET-BASED SURVEY FEE

INTERNET-BASED SURVEY FEE

ASCRS Member \$250 Non-Member \$1,000

FOR OFFICE USE

ASCRS ID # _____

TITLE OF SURVEY

PAYMENT METHOD

MAIL	FAX	PHONE	For questions please contact: Elaina McCalmont, Governance Manager elainamccalmont@fascrs.org
ASCRS 85 W. Algonquin Rd., Suite 550 Arlington Heights, IL 60005	(847) 427-9656	(847) 725-2275	

PRINT AND RETURN THIS PAGE WITH YOUR COMPLETED SURVEY REQUEST FORM AND REQUIRED DOCUMENTS

PAYMENT INFORMATION

Check *(Please make check payable to the American Society of Colon and Rectal Surgeons.)*

MasterCard VISA American Express

CREDIT CARD #

SECURITY CODE EXP DATE

NAME ON CARD

SIGNATURE