**KEY INFORMATION For {*TITLE OF STUDY}*:**

We are asking you to choose whether or not to volunteer for a research study about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {*insert general description of study*}. This page is to give you key information to help you decide whether to participate. We have included detailed information after this page. Ask the research team questions. If you have questions later, the contact information for the research investigator in charge of the study is below.

**what is the STUDY ABOUT AND HOW LONG WILL IT LAST?**

***Briefly*** *describe the purpose of the study and the procedures to be followed in lay terms in this section.*

By doing this study, we hope to learn *summarize what and how*. Your participation in this research will last about {*state in hours, days, months, years*}. If you join the study, you will be asked to *{very briefly summarize study activities in lay terms}.*

*If testing Food and Drug Administration (FDA)-regulated products for safety or effectiveness include the following:* The purpose of this research is to gather information on the safety and effectiveness of \_\_\_\_\_\_\_\_\_\_\_\_ *{state name of drug, device, etc.}. Indicate if the drug, device, or biologic is FDA-approved and whether it is being used in the study for an alternate use or consistent with labeling indications.*

**Why might I choose to join this study?**

State the most important reason(s) {i.e. potential benefit(s)} a person may want to volunteer to participate in this study? For a complete description of benefits, refer to the Full Consent.

**WHY might I choose not to join this study?**

State the most important reason(s)/risk(s) why a participant may NOT want to volunteer for this study considering the participant’s perspective. For a complete description of risks, refer to the full Consent.

If *alternative treatments/procedures are key to the participant’s choice, discuss those that might be advantageous to the subject or indicate if no known alternative exists.* For a complete description of alternate treatment/procedures, refer to the Full Consent and/or ask your doctor.

**DO I HAVE TO TAKE PART IN THE STUDY?**

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any services, benefits or rights you would normally have if you choose not to volunteer. If you are a *student/employee,* nothing about your *academic/employment status* will change no matter what you decide. *Delete if the study is not targeting students/employees.*