**Information to Know about a Research Study titled**

*(study title goes here)*

We are asking you to choose whether or not to join a research study about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {*insert brief study description*}. We want to learn *(describe what the study team is trying to learn).* This form gives you information to help you decide whether to join the study.

**IF I JOIN THE STUDY, WHAT WILL I BE ASKED TO DO?**

*(Create a bulleted list of items. Include mention of having to come to a study site, attend multiple appointments, etc., as applicable)*

Activity One

Activity Two

Activity Three

*Only if applicable:* Allow us to collect the following information from your medical record: *Describe health information*

**HOW long will my study activities Take?**

***Describe how long participants will spend on study activities. If applicable, add language indicating subjects can decide in the middle of the study to quit participating, i.e. by ending the study activity early, etc.***

**who might see the information you collect about me?**

**The following people might see information we collect about you:**

**People who make sure we do the research correctly, such as the UAMS Institutional Review Board (IRB) and other institutional oversight offices. Others who might see your information are: *List everyone else who might see the study information. Specify whether the information will be kept for future research and, if so, whether it will be shared with others. Do not list OHRP or FDA here, as they do not oversee exempt status research. Indicate whether the data that might be viewed by anyone outside the study team will include direct identifiers.***

***If applicable – Add mandated reporter language about being required to report suspected abuse. This would be population specific – a study surveying adults about their commuting practices may not need it, whereas interviewing people about their elder care practices might.***

**CAN ANYTHING GOOD OR BAD HAPPENS TO ME IF I JOIN THE STUDY?**

***Describe potential benefits and risks here. Suggested language is below; edit as appropriate.***

**You are not expected to benefit directly from participation. *OR* You may or may not benefit from being in this study. What we learn from the study may help us *(describe what the study may eventually help do, e.g. provide better care to families like yours in the future; make it easier for people to …, etc.)***

**We don’t expect any bad things to happen to you. With any research, there is always a risk that someone may find out you were in the research and learn things about you you don’t want them to know. We will take the following steps to help prevent this from happening *(describe confidentiality measures). Add additional information for studies involving employees of the institution being studied, e.g. whether information will be shared with supervisors.***

**OR *for studies that will only collect data anonymously***

**We don’t expect any bad things to happen to you. We will not write down anything that identifies you, such as your name or birthdate. That means that after we collect the information, no one will ever be able to relink it to you.**

**WILL I BE PAID FOR MY PARTICIPATION?**

**No. You will not be paid**

***Or***

***Describe compensation here.***

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

No. It’s important to remember that it’s entirely up to you whether or not to join the study. Nothing about your (*academic/employment status or ability to get care from UAMS or Arkansas Children’s; choose from these options and/or edit as appropriate)* will be affected if you decide not to participate or withdraw during the study.

**WHAT IF I HAVE QUESTIONS?**

You can call (*insert study team name and contact information*) with questions about the study at any time. If you have questions about your rights as a research subject, or you wish to speak to someone not directly involved in the research, you can call the UAMS IRB at 686-5667. The IRB is a group of people that reviews research to make sure participants’ rights, safety, and welfare are protected.

***If you are getting a signed consent form, put signature and date lines for the participant and the person obtaining consent here.***