## Note to Investigators: Orange italicized text is provided for guidance. Remove all orange, italicized help text and any instructional text prior to submitting this document. This format is used primarily for exempt activities, such as surveys and questionnaires, and for projects in which non-invasive, non-sensitive information is requested. Use language that will be understood by your target population.

## INFORMATION LETTER

**(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)**

## Title of research study: *Insert title of research study here with protocol number, if applicable*

## Investigator: *Insert name of principal investigator*

***Sponsor:*** Include the name of the sponsor or any funding sources

**You are invited to participate in a research study** to *\_\_\_\_(state purpose and objectives)\_\_\_\_.* The study is being conducted by \_*(your name, title)*\_, under the direction of \_\_\_*(advisor, title)*\_\_ in the Auburn University Department of *(insert name)*. You were selected as a possible participant because you are \_\_*(insert inclusion criteria and/or describe the target population)*\_\_\_\_.

## What will be involved if you participate? If you decide to participate in this research study, you will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your total time commitment will be approximately \_\_\_\_\_\_\_\_\_\_\_\_\_.

## Are there any risks or discomforts? The risks associated with participating in this study are \_\_\_\_\_\_\_\_\_\_\_\_\_\_. To minimize these risks, we will \_\_\_\_\_\_\_\_. If medical treatment may be necessary, add the following: You are responsible for any costs associated with medical treatment.

## Are there any benefits to yourself or others? If you participate in this study, you can expect to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We/I cannot promise you that you will receive any or all of the benefits described.

## Will you receive compensation for participating? To thank you for your time you will be offered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Are there any costs? If you decide to participate, you will \_\_\_\_\_\_\_\_\_\_\_\_. Auburn University has not provided for any payment if you are harmed as a result of participating in this study.

## If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Any data obtained in connection with this study will remain** *(anonymous? confidential?)*. We will protect your privacy and the data you provide by \_\_\_\_\_\_\_\_\_. Information collected through your participation may be (e.g., used to fulfill an educational requirement, published in a professional journal, and/or presented at a professional meeting, etc.).

**If you have questions about this study, please ask them now** or contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**If you have questions about your rights as a research participant**, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

ELECTRONIC, ONLINE, OR VIRTUAL CONSENTING: If using an electronic or virtual consent process, please be sure to include a signature block and a typed name field.

**HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.**

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Investigator's signature Date

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Investigator’s Name

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Co-Investigator's signature Date

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Co-Investigator’s Name