PLEASE DELETE THE INSTRUCTIONS IN BOLD, BRACKETS, AND EXAMPLE LANGUAGE PRIOR TO SUBMISSION.

\*The examples in this template are suggestions and should be modified depending on your research.



Information Sheet for Participation in a Research Study

Principal Investigator:

IRB# and Title of Study:

Sponsor: [if applicable]

You are invited to participate in a research study. This form includes information about the study and contact information if you have any questions.

***[If student research include the following statement*:** “I am a graduate/undergraduate **[select appropriate category**] student at Virginia Tech, and I am conducting this research as part of my course work.”]

## WHAT SHOULD I KNOW?

If you decide to participate in this study, you will complete a **[*survey, interview, educational test, etc.]*** *As part of the study, you will* ***[Describe the procedures the participant will be asked to complete. Include what information will be collected and how the information will be collected. Describe the types of questions they will be asked in any survey/focus group/interview. If applicable, describe procedures for audio recording, and state whether recording is a requirement for participation.]***

The study should take approximately \_\_\_ minutes of your time.

**[*If the research involves use of deception or incomplete disclosure, insert the following suggested statement: “Some research requires that the full purpose of the study not be explained before you participate. We will give you a full explanation after you complete the research*”*]*.**

The risk associated with this study is **[*Include risks involved; physical, psychological, informational, social group risk, etc.*]. [OR]** We do not anticipate any risks from completing this study.

***[If the research involves compensation, insert the following suggested statement: If you agree to take part in this research study, you will receive $\_\_\_\_\_\_(Include method, amounts and schedule.)]***

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don’t want to answer and remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

## CONFIDENTIALITY

We will do our best to protect the confidentiality of the information we gather from you, but we cannot guarantee 100% confidentiality.

**[If anonymous, insert section**] Your responses are anonymous, so no one can associate your answers back to you. Please do not include your name or other identifying information in your responses that can identify you.

**[If collecting identifiable data, insert section and modify as it applies to your study]** Any data collected during this research study will be kept confidential by the researchers. Your interview will be audio-recorded using a digital recorder and then transcribed. The researchers will code the transcripts using a pseudonym (false name). The recordings will be uploaded to a secure password-protected computer in the researcher’s office. The researchers will maintain a list that includes a key to the code. The master key and the recordings will be stored for 5 years after the study has been completed and then destroyed.

**[If identifiable private information or identifiable specimens will be collected during the research, add one of the following statements:]**

If identifiers are removed from your private information or samples that are collected during this research, that information or those samples could be used for future research studies or distributed to another investigator for future research studies without your additional informed consent.

**OR**

**[This option will rarely be used.]** Your information or samples that are collected as part of this research will not be used or distributed for future research studies, even if all of your identifiers are removed.

## WHO CAN I TALK TO?

If you have any questions or concerns about the research, please feel free to contact **[insert contact information for the research team].**You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact the Virginia Tech HRPP Office at 540-231-3732 ([irb@vt.edu)](mailto:irb@vt.edu)).

***Please print out a copy of this information sheet for your records.***

***[If applicable: If you would like to participate in this survey, click yes to begin or no to exit].***