**INFORMATION SHEET**

[Insert Title of Study]

*\*This should be read aloud, and a copy should be given to each participant.*

*(Information sheet only to be used for exempt studies.)*

**Introduction**

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. By [filling out survey, providing responses to questions, etc. insert name and short description of instrument used in study] you are consenting to participate in the study. By participating in this study, you are also certifying that you are 18 years of age or older. Please do not [fill out survey, provide responses to questions, etc. insert name and short description of instrument used in study] if you do not consent to participate in the study.

You have been asked to participate in a research project studying [insert specific statements outlining the major points about the study]. The purpose of this study is to [explain research questions and purpose in lay language]. You were selected to be a possible participant because [explain how participant was identified]. *Note that the updated Common Rule requires the consent form to include “a concise and focused presentation of key information that is most likely to assist a prospective participant or legally*

*authorized representative to understand the reasons why someone might or might not want to*

*participate in the research. This part of the informed consent must be organized and presented in*

*a way that facilitates comprehension”. Some of that specific information can be included in the 3 sections below this one.*  This study is being sponsored/funded by [name sponsor/funding source]. \**If research is not sponsored/funded, do not include this sentence.*

**What will I be asked to do?**

If you agree to participate in this study, you will be asked to [explain tasks and procedures (include details about completing surveys, interviews, tests, and/or focus groups as applicable).] This study will take [insert length of time for participation, frequency of procedures, etc.]. *(If the study involves several different procedures, include the time involved for each (e.g., The study will last a total of 12 weeks. During week one, you will be asked to eat a diet of soy 3 times daily. On Friday of the first week, you will be asked to take a physical. This will take about 2 hours and will consist of the following tests…”).*

**What are the risks involved in this study?**

The risks associated with this study are [explain risk, including the likelihood of the risk occurring]. \**If risks are minimal, you may state:* The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

**What are the possible benefits of this study?**

The possible benefits of participation are [insert benefits that may be reasonably expected. Monetary compensation should not be categorized as a benefit.]. \**If there are no direct benefits to the research participant, you may state:* You will receive no direct benefit from participating in this study; however,[explain potential benefits to society].

**Do I have to participate?**

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Central Texas [include any other cooperating institutions] being affected.

**Who will know about my participation in this research study?**

This study is [anonymous OR confidential, **\**cannot be both,***] and [describe how confidentiality or anonymity will be maintained].

\**Possible text.* No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only [insert names of individuals who will have access to this data] will have access to the records.

**Is there anything else I should consider?**

[Use this section to disclose any other information that may affect the participant’s decision to participate in this research. Possible information may include: conditions in which the participant may be withdrawn from this study, costs to participant, financial interests of PI, or any other disclosure.] \**If there is not additional information, remove this section.*

**Whom do I contact with questions about the research?**

If you have questions regarding this study, you may contact [list PI name, phone number, email address] or [list alternate contact, phone number, email address].

**Whom do I contact about my rights as a research participant?**

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Central Texas. For research-related problems or questions regarding your rights as a research participant, you can contact Walter Murphy, Research Compliance Officer, at (254) 519-5761 or [murphyw@tamuct.edu](mailto:murphyw@tamuct.edu)