INFORMATION SHEET FOR RESEARCH

[Insert Title of Study]

You are invited to be in a research study of [Insert general statement about study]. You were selected as a possible participant because [Explain how subject was identified]. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: [Name of PI, department (indicate University affiliation)]

**Procedures:**

If you agree to be in this study, we would ask you to do the following things:

[Explain tasks and procedures: subjects should be told about audio taping, length of time for participation, etc.]

**Confidentiality:**

During the project, information from this study will be kept private and will be stored securely. Only the research team will have access to information that identifies you. Your identifying information will not be shared with others outside of this research study. However, organizations that may inspect and copy your information include the Institutional Review Board (IRB), the committee that provides ethical and regulatory oversight of research, and other representatives of this institution, including those that have responsibilities for monitoring or ensuring compliance (such as the Quality Assurance Program of the Human Research Protection Program (HRPP)).

Any personal information that could identify you will be removed or changed before we publish any report or share the results or data from this study. [If tape recordings are made, explain who will have access, if they will be used for education purpose, and when they will be erased, etc.] [If applicable, include whether information gathered will be shared with other researchers (including whether the information will be included in a database for future use, including whether information will be deposited in a public or restricted access repository. Consider providing participants with a data sharing information sheet for full understanding of the process. See [template provided by the University Libraries & Liberal Arts Technology and Innovation Services](http://z.umn.edu/sharing_infosheet).]

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota [or, if with other cooperating institutions, insert names here]. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**Will I be compensated for my participation?**

[Include if participants will be paid or receive other types of compensation. Otherwise delete.]

If you agree to take part in this research study, we will pay you \_\_\_\_\_\_\_\_ [indicate amount] for your time and effort. [Indicate if the amount is pro-rated for research visit completion.] - OR -

If you agree to take part in this research study, you will receive \_\_\_\_\_\_\_\_ [indicate number of REP points, extra credit points, or other non-financial recognition.].

**Contacts and Questions:**

The researcher(s) conducting this study is (are): [Name of researcher] and [Name of researcher]. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at [Location], [Phone number], [E-mail address]. [If the researcher is a student, include advisor's name, telephone number, and e-mail address here.]

This research has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP). To share feedback privately with the HRPP about your research experience, call the Research Participants’ Advocate Line at 612-625-1650 (Toll Free: 1-888-224-8636) or go to [z.umn.edu/participants](https://research.umn.edu/units/hrpp/research-participants/questions-concerns). You are encouraged to contact the HRPP if:

● Your questions, concerns, or complaints are not being answered by the research team.

● You cannot reach the research team.

● You want to talk to someone besides the research team.

● You have questions about your rights as a research participant.

● You want to get information or provide input about this research.

***You will be given a copy of this information to keep for your records.***