***INSTRUCTIONS FOR USE OF THIS TEMPLATE:*** *Use this template to create your own Consent Cover Letter.*

* *Delete all instructions in red text and insert your own text where indicated.*
* *Do not adjust the bottom margin or use the footer.*
* *This template is written for use with minimal risk research and may have more procedures or details than a simple survey. Adjust the language as appropriate for the study procedures.*
* *In order to use this document to obtain consent, you MUST request a Waiver of Documentation of Consent in the IRB application.*

**Research Information Sheet**

***<<Title of Study>***

**You are being asked to participate in a research study.** Scientists do research to answer important questions that might help change or improve the way we do things in the future. This document will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

**All research is voluntary.** You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

**The purpose of this study** is to <<Insert explanation for why the research is being done. Use language understandable to the subject (i.e., eighth grade level).>>

For research involving deception or incomplete disclosure, insert the following (or similar), as appropriate:We are not able to provide you with the full purpose of the study at this time, but willprovide additional information after you finish your study participation.

We are asking you if you want to be in this study because <<Insert explanation regarding how and/or why the subject was identified>>. The study is being conducted by <<Insert investigator(s) name(s) and University/Departmental affiliation>>. It is funded by <<Insert Sponsor or funding agency name, if any.

**In this study, you will do the following things.** <<Insert explanation of all activities/tests that are included in the study (e.g., assignment to study groups, study visits, surveys and questionnaires, focus groups, audio or video recordings, etc.) using language understandable to the subject (i.e., eighth grade level). Include the following:

* Where the activities are performed and how frequently they are performed
* The expected amount of time each activity and/or visit will last

Include the total duration of subject participation, e.g., You will be in this study for about two years.>>

**Before agreeing to participate, please consider the risks and potential benefits of taking part in this study.** <<Insert explanation of the risks and/or discomforts of each of the activities listed above using language understandable to the subject (i.e., eighth grade level). Include an explanation of measures that will be employed to minimize the risks. **It is never appropriate to state that there are no risks.>>**

Example: *You may be uncomfortable while answering the survey questions. While completing the survey, you can skip any questions that make you uncomfortable or that you do not want to answer.*

Example: *There is a risk someone outside the study team could get access to your research information from this study. More information about how we will protect your information to reduce this risk is below.*

We don’t think you will have any personal benefits from taking part in this study, but we hope to learn things that will help researchers in the future. <<If the study may directly benefit participants, an explanation of the benefit may be substituted.>>

**You [will/will not] be paid for participating in this study.** <<If there is payment, insert a description of the details and any conditions of payment, including if partial payment is applicable>>. **There is no cost to participate in the study.**

**We will protect your information** and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study. <<If audio or video recordings will be made, insert an explanation regarding who will have access to the recordings and when the recordings will be destroyed. If audio or video recordings may be shared during publication or for educational purposes, this must be explained, as this data is considered identifiable.>>

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the University of Illinois Urbana-Champaign Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law). <<Add any other organizations that may receive or review identifiable research records.>> Example: *Additionally, your research information may be shared with our collaborators on this research study at* [institution name(s)], [sponsor name], etc.]

Information collected in this study may be used for other research studies or shared with other researchers for future research. If this happens, information that could identify you, such as your name and other identifiers, will be removed before any information or specimens are shared. Since identifying information will be removed, we will not ask for your additional consent. [If re-identification is possible (i.e. more than a theoretical risk), insert a statement to that effect and describe any risks.]

**If you have questions about the study or encounter a problem with the research**, contact the researcher, [Insert name of investigator], at [Insert telephone number]. You may also include an email address.

If you have any questions about your rights as a research subject, including concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at [irb@illinois.edu](mailto:irb@illinois.edu).

**If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future.** If you decide to withdraw, [explain the procedure for withdraw from the study. You should not require subjects to withdraw in writing]. [If withdrawal from the study prior to completion could pose risk to the subject, insert a description of what those risks might be and how orderly termination will occur.]