**University of Oklahoma**

**Institutional Review Board**

**Information Sheet to Participate in a Research Study**

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| --- | --- |
| **Project Title:** |  |
| **Principal Investigator:** |  |
| **Department:** |  |

You are being asked to volunteer for this research study. This study is being conducted at (enter the study site). You were selected as a possible participant because (explain how the participant was selected).

Please read this information sheet and contact me to ask any questions that you may have before agreeing to take part in this study.

# Purpose of the Research Study

The purpose of this study is to (Briefly explain the research question and its purpose in lay language.)

# Number of Participants

About (insert number of study participants, if appropriate report the total number of participants and also break out this number by subgroups of participants – example about 100 people will participate include 33 students and up to 67 of their parents and guardians) people will take part in this study.

# Procedures

If you agree to be in this study, you will be asked to (Explain all the tasks/procedures the participant will complete during the study. Identify assignments to study groups, frequency of procedures, etc. Also, describe any procedures that are experimental.)

# Alternate Procedures (Delete this section if not applicable)

(If the study involves participation in a student research pool where students have the option of a non-research assignment, describe what other option the participant has to receive research or extra credit.)

# Length of Participation

(Indicate the length of time of participation for each activity and the total for all activities in the project. Example: 30 minutes, 1 hour, or 4 visits for a total of 2 weeks. If applicable, also include anticipated circumstances under which the participant’s participation may be terminated by the investigator without regard to the participant’s consent.)

# Risks and Benefits

# (If there are no risk or benefits, enter “There are no risks and no benefits from being in this study.” If there are risks and/or benefits, list, in order of severity, any possible risks--physical, psychological, economical, etc. Include the likelihood of each and under what conditions the researcher will terminate the study. Describe the benefits that are direct to the participant. Do not only list the benefits that arise in general. Do not include compensation such as course credit or receipt of $$ or other items of value as a benefit, instead use the compensation section which appears below.)

# Compensation (Delete this section if not applicable)

You (will/will not) be reimbursed for you time and participation in this study. (Include payment, reimbursement, class credit, etc. Explain when compensation will be given to the participant and conditions of receiving the compensation (e.g., if compensation will be pro-rated for participants who do not complete the entire study. It is anticipated that participants will be able to withdraw from a study at any time. For participants who have invested more than one hour in the study, it is anticipated that compensation will be pro-rated based on the time they have invested in the study).

# Confidentiality

In published reports, there will be no information included that will make it possible to identify you. (If you want to retain contact information or attribute responses to a specific individual, you must use the Informed Consent Form template and include all appropriate check-offs under Waivers of Elements of Confidentiality). Research records will be stored securely and only approved researchers will have access to the records.

There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the (Insert the name of the sponsor that is funding your study if funding is dependent on the organization having access to study data. Do not list your faculty sponsor, dissertation committee or department name) and the OU Institutional Review Board.

(If you intend to access participant records, audio-record, video-record, or include photographic data in your study, you must use the Informed Consent Form template and include all appropriate check-offs.)

**Voluntary Nature of the Study**

Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

**Future Communications (Delete this section if not applicable)**

For studies that involve contacting the participants multiple times, please include an option to “not contact anymore”.

The researcher would like to contact you again to recruit you into this study or to gather additional information.

\_\_\_\_\_ I give my permission for the researcher to contact me in the future.

\_\_\_\_\_ I do not wish to be contacted by the researcher again.

# Contacts and Questions

If you have concerns or complaints about the research, the researcher(s) conducting this study can be contacted at

(Provide a local (for the participant recruitment location) phone number and email address. If the researcher is a student, include the advisor's name, telephone number, and email address here.)

Contact the researcher(s) if you have questions or if you have experienced a research‑related injury.

If you have any questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu.

*Please keep this information sheet for your records. By providing information to the researcher(s), I am agreeing to participate in this study.*

**(Delete this section if not applicable)** If you are including an Information Sheet for consent to participate in an online survey, and including identifiable information please include pass through buttons at the end of the Information Sheet:

🞈 I agree to participate (click should connect to survey)

🞈 I decline (click should connect to a Thank You for considering page)

 **(Delete this section if not applicable)** For studies using the online consent process, include this section:

**This study has been approved by the University of Oklahoma, Norman Campus IRB.**

**IRB Number: \_\_\_\_\_\_\_\_ Approval date:** \_\_\_\_\_\_\_

*(NOTE: The Principal Investigator is responsible for the input of the IRB number and approval date, BEFORE the document is implemented online.)*