*This template is for minimal risk projects (surveys, interviews, or minimal risk interventions/interactions (community or educational interventions) requiring a project information sheet.*

**Instructions**

To stand out both on your computer screen and in black/white copies, instructions are in bold, italic, and blue type.

Instructions are in boxes and will be deleted in final document.

**IRB-required template language is in black type and should not be changed.**

Sample language, which can be used, modified, or deleted as appropriate for your project, is in blue type. **Please maintain the blue color to distinguish your project-specific information from the required template language.**

**Title of Research Study:**[insert title of research study here]

**IRB Study Number:** [insert the “IRB#” number here]

**Investigator:**[insert name of principal investigator]

**Supported by:**[List all monetary and non-monetary support for this research. If not externally funded, state your school or department] This research is supported by [source of funding].

**[Financial Interest Disclosure:]**

[Include if there is a financial interest to disclose. Otherwise, delete.] The following disclosure is made to give you an opportunity to decide if this relationship will affect your willingness to participate in this research study: [specify the conflict of interest and actions to be taken to reduce the effect.]

**Introduction:** [introduce yourself, i.e. I am John Doe, a doctoral student in the Department of Communication Studies at Campbell University.]

**Key Information about this research study:**

The following is a short summary of this study to help you decide whether to be a part of this study. [The following should be included:]

The purpose of this study is [insert].

You will be asked to [include a brief statement of the procedures that will be done. For example: “You will be asked to complete a survey and a follow-up interview.”]

We expect that you will be in this research study for [hours/days/months/weeks/years, until a certain event].

The primary risk of participation is [insert risk].

The main benefit of participation is [insert if there is a benefit or There is no benefit to you for participating in the research project.]

**Here is why you are being asked to take part in this research study:**

I am asking you to take part in this research study because [Fill in the circumstance (i.e., student, parent) or condition (i.e., age) that makes participants eligible for the research].

**This is what you should know about being in a research study**

Whether or not you take part is up to you.

You can choose not to take part. You can also agree to take part and later change your mind.

Your decision will not be held against you.

You can ask all the questions you want before you decide.

**If you say that “Yes, you want to be in this research,” here is what you will do**

[If appropriate, include additional specific details that were not included in the ‘Key Information’ paragraph. For example: more detail about the specific questions or activities of the research, i.e. During the interview, I will ask you questions about \_\_\_\_\_. This interview will be audio-recorded so that the study team may later transcribe the interview. Audio-recording is mandatory to participation. If you do not agree to be audio-recorded, then you cannot participate in this research study.

**If you say that you do not want to be in this research:**

You can decide not to participate in this research and it will not be held against you.

**You can say “Yes,” but change your mind later**

You can leave the research at any time and it will not be held against you. We can end the [insert specific activity/activities] at any time. Just let me know if you want to do this. If this happens, any data already collected [will/will not] be saved.

**This is what will happen to the information collected for this research**

Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this institution.

**Here is some other information that is useful for you to know [delete if not applicable]**

If you agree to take part in this research study, we will [if applicable describe compensation including how much, when it will be paid and in what format such as cash, gift card, check or other item. Include if compensation will be prorated.] You will still receive this compensation even if you choose to end the interview early.

**Here is who you can talk to**

If you have questions, concerns, or complaints, you can talk to the Principal Investigator [Name and contact phone or email] and [You can list another investigator such as a student if appropriate.]. This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may talk to them at (910) 893-7780 or irbadmin@campbell.edu 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.