## RESEARCH INFORMATION SHEET

**Title of Research Study**: Insert Title of Research Study

**Principal Investigator (PI) Name*:*** Insert Name of Principal Investigator

*[If student-led research, include. Otherwise delete]* **Faculty Advisor Name*:*** Insert Name of Faculty Advisor

**KEY INFORMATION**

Thank you for your interest in this study. We are conducting this research study insert purpose. Your research participation is voluntary and you may stop participating at any time. Participating in this research involves insert what participants are going to do as part of this research and the duration of their participation (e.g., one 60-minute virtual interview, a 10-minute online survey). You will **OR** will not benefit directly from your participation in the study. Reasons you may choose to participate in this research include insert benefits. Reasons you may choose not to participate in this research include insert risks. If you have questions about the research study, please contact insert name & contact information of Principal Investigator (if applicable, also the Primary Contact name & contact information).

**DETAILED INFORMATION**

The purpose of this research study is insert more detailed purpose. If interested, you can volunteer to participant. If you change your mind, you can stop participating anytime without penalty or loss of benefits to which you are otherwise entitled. The alternative is insert alternative (e.g., not to participate).

Participating in this research involves insert what participants are going to do as part of this research and the duration of their participation (if you are obtaining audio and/or video recordings or taking photographs state here).

[Include if the risk to confidentiality may increase due to the number of participants in the study. Otherwise delete.] We anticipate insert enrollment number people to participate in this research.

[Include for a study involving randomization if disclosing in consent form. Otherwise delete.] Participants will be randomly assigned to a condition group, which is like flipping a coin. You will **OR** will not know which condition group you are assigned to in this research.

*[Example statement to include if conducting research with deception (not disclosing purpose or other required element of consent in consent form) and you plan to have a prospective agreement informing participants of this upfront in the consent form. If you do not plan to offer this prospective agreement upfront or this is not applicable, delete the statement.]* You will not be made aware of insert information (e.g., the purpose of the research study, specific details of the procedures, etc.) upfront. However, you will be debriefed with all of the information after the research study.

Possible risks for this research include: insert risks.

You will **or** will not benefit directly from your participation in the study. *[If there are direct benefits, list them here.]* Benefits to society and science include insert benefits.

We will do our best to protect your data. However, there remains a possibility that someone might access your data and identify you. To minimize this risk, personal information that can identify you will be stored separately from your research data **OR** completely destroyed. De-identified data may be **OR** will not be used for future research. [add additional descriptions of confidentiality protections that are relevant to the research, if applicable (e.g., stored on servers with extra security, use of encrypted software, limited access to the research team, etc.]

*[Include if conducting focus groups. Otherwise delete.]* We cannot guarantee confidentiality in the focus group. Participants in the focus group are requested to keep what is said in the focus group confidential.

For participating in this research you will receive \_\_\_\_\_\_\_\_\_. **OR** You will not be compensated for participating in this research.

*[Include if applicable. Otherwise delete.]* This research is being funded by insert name of sponsor.

If you have questions about your rights as a research participant, please contact the Vanderbilt University Human Research Protections Program (HRPP) at irb@vanderbilt.edu.

Your signature is not required. Your participation in this research is implied if you proceed with the research study.