**RESEARCH INFORMATION SHEET**

**Study Title**

**PI Name**

**PI Contact Information**

We are asking you to take part in a research study at the University of Kansas Medical Center (KUMC) being done by [PI name]. Being in this study is optional, and you may change your mind at any time.

People who join the study will participate in a [focus group discussion or interview] for about [XX] hours. We will ask questions about [indicate the various topics to be discussed]. [*If applicable*: We will also ask you to fill out a survey about [e.g. age, gender, educational status, health status]. We will audio-record the discussion so we have correct notes about what was said. Recordings will be stored on a secure computer until [indicate how long they will be retained before being destroyed].

Researchers hope that the study information is useful in [improving treatments for XX, understanding patient needs, planning new services, etc.]. The [focus group or interview] questions may be personal. You do not have to discuss any information that you are not comfortable sharing and having recorded. We cannot guarantee your privacy, but we will ask everyone to use only first names and not share individual comments outside the group. When we write up or discuss the results of the study, we will not use any names.

If the focus group involves students, residents or employees, insert a statement that participation or declining will have no impact on their academic/personnel evaluations.

***[Add in this language if participants are being paid. If you would like an exception to this requirement, please contact the Research Institute for an exception and document that exception in your IRB submission.]***

You will receive $xx for each study visit. If you complete all regularly scheduled visits, you may receive up to $xx. If you leave the study early, you will be paid only for the visits you completed.

You will be given a ClinCard, which works like a debit card. After a study visit, payment will be added onto your card by computer. The money will be available within 1 business day. You can use the ClinCard at an ATM or at a store. No one at KUMC will know where you spent the money. You will be given one card during the study. If your card is lost or stolen, please call (866) 952-3795.

The KUMC Research Institute will be given your name, address, social security number, and the title of this study to allow them to set you up in the ClinCard system. Study payments are taxable income. A Form 1099 will be sent to you and the Internal Revenue Service if your payments are $600 or more in a calendar year. If you do not provide a valid social security number or tax identification number, 30% of your payments will be set aside by KUMC and sent to the IRS for withholding on your behalf.

**[If applicable]** Reimbursement for travel expenses may be available. ***[Describe the criteria for reimbursement being available. Please note that reimbursements are different from study payments: they are not tax deductible; also, the participant must provide receipts.]***  All reimbursements will need to be pre-approved by the study team. You will be asked to keep your receipts in order to receive reimbursement.

Your personal information will be kept on a secure computer. It will be removed from the computer after the study is over and the money on the card has been used. Your information will not be shared with other businesses. It will be kept completely confidential.

**Alternatively, insert a statement that there is no payment for participating in the study.**

If you have questions about this study, please contact [insert researcher’s contact information.] For questions about your rights as a research participant, you may contact the KUMC Institutional Review Board (IRB) at (913) 588-1240 or IRBhelp@kumc.edu. You will be given a copy of this information sheet to keep for your records.

Sincerely,

[Researcher signature]

[Insert signature lines as shown below. Alternatively, you may contact the IRB office if you have a request to not obtain signature.]

If you agree to be in the study please sign and date below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Participant’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date