

INDIANA UNIVERSITY SOUTHEAST
STUDY INFORMATION SHEET

" [REDACTED]

You are invited to participate in a research study of "[REDACTED]". You were selected as a possible subject because "[REDACTED]". We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by "[REDACTED]". It is funded by [REDACTED]

STUDY PURPOSE

The purpose of this study is to [REDACTED]

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of [REDACTED] subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

- " [REDACTED]
- " [REDACTED]
- " [REDACTED]

RISKS OF TAKING PART IN THE STUDY:

While in the study, the risks "[REDACTED]" are:

- [REDACTED]
- [REDACTED]
- [REDACTED]

[Explain measures that will be employed to minimize the risks and side effects listed above.]

[REDACTED]

BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation that are reasonable to expect are

ALTERNATIVES TO TAKING PART IN THE STUDY:

Instead of being in the study, you have these options:

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study or a research-related injury, contact the researcher

at

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Southeast Research Office, Academic Affairs Office, University Center South, Room 152, New Albany, IN 47150-6405, 812-941-2210 or by email at tandrews@ius.edu.

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with the investigator(s).

SUBJECT’S CONSENT

In consideration of all of the above, I give my consent to participate in this research study.

I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject’s Printed Name:

Subject’s Signature: _____

Date:

(must be dated by the subject)

Printed Name of Person Obtaining Consent:

Signature of Person Obtaining Consent: _____

Date: _____

**NOTE: Printed name lines are optional.