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**INFORMATION SHEET FOR PARTICIPATION IN RESEARCH**

* *This Information Sheet template may be used for EXEMPT research only*
* *Highlighted and Italicized text provide instructions and should be deleted*
* *If you are using this template to obtain parental permission for a minor, please revise to state “your child” instead of “you” throughout. If both the parent and child are participating, please state “you and your child”*
* *Participants may or may not be required to sign this Information Sheet; those who are minors should provide verbal assent when appropriate, and may require signed assent at the direction of the IRB*
* *If your study involves deception, include a statement that subjects will be unaware or misled regarding the nature or purpose of the research. Investigators should debrief participants after the study*
* *Note that research funding may necessitate additional language to be included*

**Title:** *Must be the same as in IRB electronic system*

**IRB Study #** *Insert IRB number, must be the same as in IRB system.*

**Sponsor:**  *List name of sponsor if applicable, if not please remove.*

**Investigator(s):** *Full name and credentials (ex. John J. Smith, PhD). Include Drexel email*  *address and phone number. If this is a student project, please list both*  *student and faculty advisor along with an email for both.*

You are being asked to participate in a research study. Taking part in this research is voluntary. Whether you take part is up to you, you may withdraw your participation at any time, and it will not be held against you. Deciding not to be in the research study, now or later, will not impact your relationship with Drexel University.

The purpose of this research is to \_\_\_\_\_. *Explain in no more than a few sentences the main purposes of the research.*

If you decide to take part in this research study, you will be asked to\_\_\_\_\_. *Briefly describe what the subject is being asked to do.* *If this is a survey or interview study, include:* You can choose to not answer any question you do not wish to answer.

Your participation in this research will last \_\_\_\_\_ *Describe the time commitment for participation.* *If there is more than one interaction, please indicate how long each research activity will take and over what period of time.*

*Include this information ONLY if compensation is provided. Delete if there is no compensation:*

For taking part in this research, you will be paid $\_\_\_\_\_ *[include a description of payment type and method. Describe when payment(s) will be made. If you are offering extra credit or course credit, please list the amount of credit offered including an alternative assignment if they do not wish to participate in research.].*

The possible risks to you in taking part in this research are: *[insert possible risks or discomforts, including feeling uncomfortable, or having someone else find out that you were in a research study.]* Although steps will be taken to protect your research information, there is always the potential risk of your information being shared unintentionally.

The possible benefits to you for taking part in this research are:  *[insert possible benefits, if any, to the research subject or others. IF NONE, delete this sentence.]*

We may publish the results of this research. However, we will keep your name and other identifying information confidential *(or emphasize the anonymous nature of participation. If participation will be known, please indicate you will use names in publication. Please revise to describe the accurate reflection).* We protect your information from disclosure to others to the extent required by law, we cannot promise complete secrecy. *[INSERT if the project was granted a Certificate of Confidentiality (COC)*: This research is covered by a Certificate of Confidentiality (COC). This means that the researchers cannot release or share information, documents, or samples for non-research purposes that may identify you unless you say it’s okay.

*[INSERT ONE OF THE FOLLOWING*: We may share research information with other researchers [INSERT with OR without] including your identifiable information and it may be used for future research OR We will not share your research information to be used for future research.

If you have questions about the study, please contact the research team at their contact information provided above.This research is being overseen by an Institutional Review Board (IRB). An IRB is a group of people who perform independent review of research studies to make sure the rights and welfare of participants are protected. You may speak to the Drexel IRB at (267) 359-2471 or [HRPP@drexel.edu](mailto:HRPP@drexel.edu) if you have questions about your rights as a research participant.

This project was determined to be exempt from federal human subjects research regulations.