Dear Participant,

 I am a ***[student/staff/faculty member]*** at East Carolina University ***[or Vidant Medical, Carolina East, etc.]***in the ***[department name]*** department. I am asking you to take part in my research study entitled, *“****[include title of your research]****”*.

The purpose of this research is to... ***[Tell the person, in lay terms, why the research is being conducted.]*** By doing this research, I hope to learn ***[enter what research question you hope to answer by conducting the research]*.** Your participation is completely voluntary.

You are being invited to take part in this research because ***[Indicate how this person was identified to take part in the research]****.* The amount of time it will take you to complete this

research is ***XXX [state in minutes, hours, or days]***.

If you agree to take part in this research, you will be asked to ***[include a description of research procedures]****.* ***[If audio/visual recording is a possibility, please include a statement describing what type of recording and when/during which procedure the participant will be recorded].***

***[If participants will be deceived regarding the nature or purposes of this research, describe the circumstances in which the participant will be misled or unaware of the true nature or purpose of the research. Participants must be made aware of potential deception before they agree to participate. If you cannot tell the participant about potential deception, the study cannot fall under an Exempt category and another consent template will need to be used.]***

This research is overseen by the ECU Institutional Review Board. Therefore some of the IRB members or the IRB staff may need to review my research data. ***[Include one of the following statements only if true, otherwise state what the limits of confidentiality will be:*** However, the information you provide will not be linked to you. Therefore, your responses cannot be traced back to you by anyone, including me. ***OR*** Your identity will be evident to those individuals who see this information. However, I will take precautions to ensure that anyone not authorized to see your identity will not be given that information.***]***

If you have questions about your rights when taking part in this research, call the ECU University & Medical Center Institutional Review Board (UMCIRB) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director for Human Research Protections, at 252-744-2914 ***[for research studies conducted through Vidant Medical Center add…“and the Vidant Medical Center Risk Management Office at 252-413-4473”]*.**

You do not have to take part in this research, and you can stop at any time. If you decide you are willing to take part in this study, ***[continue on with the survey below OR check the AGREE box below OR let the Principal Investigator know, etc.]*.**

Thank you for taking the time to participate in my research.

Sincerely,

***[researcher’s name]***, Principal Investigator

***[If participants are being notified that the study will include deception, use the following signature line to document their agreement:]***

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***Participant's Name (PRINT) Signature Date***