

## Research Information Sheet

### Oklahoma State University Center for Health Sciences

**IRB Study #:**

**Principal Investigator:**

The purpose of this research study is to see <<discuss in a sentence or two the purpose of this study>>. You are being asked to take part in a research study because you <<indicate basic inclusion criteria>>.

Being in a research study is completely voluntary. You can choose not to be in this research study. You can also say yes now and change your mind later. **If the subject population is, or may be, part of CHS patient population, insert the following:** Deciding not to be in the research study, now or later, will not affect your ability to receive medical care at OSU-CHS.

If you agree to take part in this research, you will be asked to <<describe research procedures to be followed>>. Your participation in this study will take about <<insert length of time/duration of study participation. If there is more than one interaction, such as a follow-up survey, please indicate how long each research activity will take and over what period of time>>. We expect that <<insert expected number of total subjects>> people will take part in this research study.

**If this is a survey study, insert:** You can choose not to answer any question you do not wish to answer. You can also choose to stop taking the survey at any time. You must be at least 18 years old to participate. If you are younger than 18 years old, please stop now.

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. Include potential loss of confidentiality of data.>>.

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. >>.

To protect your identity as a research subject, <<choose which method applies: no identifiable information will be collected, the research data will not be stored with your name, the researcher(s) will not share your information with anyone. In any publication about this research, your name or other private information will not be used>>.

If you have any questions and/or concerns about this research, please contact the Investigator named at the top of this form by calling <<Investigator's phone number>> or emailing <<Investigator's email address>>. If you have questions or concerns about your rights as a research subject, you may contact the CHS Institutional Review Board at 918-561-1400 or by email to [chsirb@okstate.edu](mailto:chsirb@okstate.edu).

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