**Research Information Sheet *(template 2/11/2020)***

***Remove all italicized language***

Title of Study:

Principal Investigator (PI):

Faculty Sponsor:

Funder: *This is typically the Department and/or other funding source*

**Introduction**

You are being invited to take part in this research study because*[explain how/why the prospective participant qualifies for the study]****.*** This study is being conducted by *list PI name here* at the University of Vermont.

**Purpose**

*Explain here why the study is being conducted.*

**Study Procedures**

If you take part in the study, you will be asked to[*Explain in simple, non-scientific terms what the participant will be asked to do as part of the research study].*

*Describe what tasks the participants will do as part of the research study (e.g. fill out surveys, complete questionnaires, assignment to study groups, etc).*

*Describe what sort of questions will be asked, and whether or not subjects have the option of not answering some of the questions and remaining in the study.*

*Describe how long the active participation of the subject is, over what periods of time, how many visits or sessions, how long it will take to complete procedures or interviews during each session*.

**Benefits**

As a participant in this research study, there *[may be or may not be any]* direct benefit for you; however, information from this study may benefit other people now or in the future.

**Risks**

*For studies with identifiers:  “We will do our best to protect the information we collect from you and avoid any potential risk for an accidental breach of confidentiality”*

*For studies with no identifiers:  “We will not collect any information that will identify you to protect your confidentiality”*

**Costs**

There will be no costs to you for participation in this research study.

**Compensation**

*[Select only the applicable statement.]*

You will not be paid for taking part in this study. *OR*

For taking part in this research study, you will be reimbursed for your time and inconvenience. *[Describe form of payment, amount of payment, and payment schedule. (Note: all payments to participants should be prorated for partial participation) If payment is over $100, then a social security number will be required for compensation purposes and a statement regarding this requirement, as noted below under Confidentiality Section, is required.\*]*

**Confidentiality**

 *[Select only the applicable statements that follow]*

All information collected about you during the course of this study will be stored without any identifiers. No one will be able to match you to your answers. *OR*

All information collected about you during the course of this study will be stored with a code name or number so that we are able to match you to your answers.

*Include statement to describe how participant information will be kept secure and protected (master list kept separate from identifiable information) and for how long.*

*Indicate who will have access to participant’s information.*

*Focus group statement if applicable: In the focus groups, questions are directed to the group, not to individuals. You have the right to not answer a question or withdraw from the study at any time in the process. We will ask that everyone in the group not repeat what they have heard others say, but there is always the chance that someone will repeat what you have said. Everything you say will be kept confidential by the researchers.*

*[For studies that include reimbursement, in any form, you need to determine who is paying the participants and insert their requirements.] [each affiliate hospital needs to insert their process here for payments]*

***University of Vermont Research Payment Information Requirement***

*You will be required to provide your name and address each time you receive a payment. You will also be requested to provide your social security number if the amount of the payment is $100 or if the total payments from UVM are equal to or greater than $600. If you are not a US Citizen or Permanent Resident Alien you will be required to complete additional paperwork including your immigration status for payment. This information will be strictly confidential and will be used for tax withholding and reporting purposes only and will allow the University to determine your US residency for federal income tax purposes.*

 *Or*

***University of Vermont Medical Center Research Payment Information Requirement***

*You will be required to provide your name, social security number, and address to receive any amount of payment. This information will be disclosed one time to UVM Medical Center Accounts Payable Department for purposes of reimbursing you for participation in this study and to meet tax reporting obligations. If you are not a US Citizen or Permanent Resident Alien you will be required to complete additional paperwork for payment.*

*Survey statement if applicable: At the end of the survey, you will be asked for some information about yourself that will be used for purposes of awarding extra credit or reimbursement. Information gathered for this purpose will be stored separately from your survey.*

***Add statement if requesting an Alteration of HIPAA (waiver of documentation of authorization) when UVMMC PHI is being collected:***

*Your Privacy is important to us and we will follow federal and state privacy laws, including HIPAA. We will only use the health information we collect to conduct this research study, and only the research team, the UVM Institutional Review Board and federal agencies that oversee research will have access to this information. Your permission to use the information we collect for this research study will not expire unless you tell us you want to cancel it. We will keep clinical information without identifying elements indefinitely.*

**Voluntary Participation/Withdrawal**

Taking part in this study is voluntary. You are free to not answer any questions or withdraw at any time. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study.

*[If information is identifiable, indicate what will happen with any previously collected information upon early withdrawal*

*If Information is de-identified, indicate that the participant’s data is de-identified at time of collection and therefore, their data cannot be withdrawn from the study and will be used.]*

# Questions

If you have any questions about this study now or in the future, you may contact me [*insert name of PI*] at the following phone number *[insert telephone number].* If you have questions or concerns about your rights as a research participant, then you may contact the Director of the Research Protections Office at (802) 656-5040.

*When using this information sheet for internet research, include the following statement or allow a way for the participant to get back to this information.*

It is recommended you print this information sheet for your records before continuing.