***CAREFULLY READ THROUGH THIS TEMPLATE. ITALICIZED TEXT MAY BE DELETED. ADJUST WORDING AS NECESSARY BUT INCLUDE ALL REQUIRED ELEMENTS BELOW.***

You are being asked to voluntarily participate in a research study. We are doing this study [*describe study purpose, and to what use(s) study findings or outcomes will be put*]. If you choose to participate, you will be asked to *[do what, when, where, how and how long; be specific]*.

[*Include if you have a conflict of interest. Otherwise delete*.] We want to inform you that researchers involved with this study have certain interests that may directly and significantly affect the design, conduct, or reporting of this research. The interest is: [*Insert the conflict(s) of interest, including identifying the researcher(s) with the conflict(s) of interest. Use HRP-502COI – TEMPLATE – COI Consent Language Template for the types of conflict(s) of interest to disclose to human subjects and sample language to insert regarding those conflict(s) of interest; the template is available in RAMP IRB or on the OHSP Templates & Required Forms page*.]

[*If not already mentioned in the paragraph above about conflicts of interest, then here include for sponsored/extramurally funded research e.g., National Science Foundation, a Center or Institute of the National Institutes of Health, other federal funding agency, private or public foundation, pharmaceutical or drug company, medical device manufacturer, other corporation, including such funding provided to another non-FSU grantee or contract organization but which is providing a subaward to FSU. Otherwise delete*.] This research is being funded by [*insert name of funding entity*].

[*Include if key information about the study’s purpose that is most likely to assist a subject understand why they may or may not want to participate in the study, is not as described in the protocol, or if certain key aspects about the study’s purpose, activities or inquiries are obscured or withheld from study subjects in order to eliminate bias. Note that in such cases, you should: debrief subjects at the end of their participation or if at any time they withdraw; provide a statement in this Information Sheet to that effect; and provide the IRB with a description of your debriefing plan in your protocol as well as provide a copy of your debriefing material or statement that will be provided to study subjects*] In order to avoid influencing your participation or our study results, we may not provide you with more specific information at this time. However, at the end of your participation in this study we will provide you with additional information.

[*Include if subjects will be paid, earn course or other credit, reimbursed, or provided with any financial or other incentive, token or gift. Otherwise delete*.] If you agree to take part in this study, you will receive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*indicate type of incentive and amount as applicable*]. [*Indicate if applicable how any amount is pro-rated for research visit or activity completion, and whether refusing to answer any question or withdrawing from or discontinuing taking part in the study or any study activity will reduce or preclude subjects from earning part or all of such incentive*.]

[*Include if student subjects will be provided with course credit for taking part in the study, as an alternative to completion of a course, paper or other credit-earning activity. Otherwise delete*.] Earning course credit by taking part in this study is an alternative to the requirement that you otherwise complete a course, paper or other credit-earning activity.

[*Include if subjects will not be paid. Otherwise delete.*] You will not be paid to take part in this study.

[*Include if subjects will be audio- or video-recorded at any point in the research; otherwise, delete paragraph*] We will make an audio OR a video recording of [*specify what will be recorded*]. [*Include if subjects can refuse to be recorded and still be in the study; otherwise, omit sentence*] If you ask us not to, we won’t record you.

[*Include and edit if the study involves focus groups; otherwise, delete paragraph*]We will ask everyone in the focus group not to talk about the discussions outside the group. However, we can’t promise that everyone will keep what you say confidential.

[*Include the following paragraph if the study does not have access to or record ANY information that may identify subjects; otherwise, delete paragraph*] We will not record your name or any information that shows your identity. You will not be signing this form. [*Further explanation of measures to preserve anonymity, if appropriate.*]

[*Include the following paragraph if the study DOES record information that would identify subjects, and tailor as needed to provide specifics; otherwise, delete paragraph*] We will securely store your information. Only members of the study team will have access to any identifiable information. We will store any paper files that contain identifiable information or your responses in locked filing cabinets. We will collect, transmit, store and access electronic files in computer systems with password, encryption and other authentication protection. However, we cannot guarantee complete confidentiality.

If you have any questions, please contact [*list investigator’s name, FSU e-mail, and telephone number*]*.* [*If the researcher is a student, include the faculty advisor’s name, FSU e-mail and phone number as well*]*.*

[*The following statement must always be included in this Information Sheet*] If you have any questions or concerns about your rights as a research participant, or questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you are encouraged to contact the FSU Office for Human Subjects Protection (OHSP) at (850) 644-7900, by email at [humansubjects@fsu.edu](mailto:humansubjects@fsu.edu), or by mail at 2010 Levy Avenue, Research Foundation Building B, Suite 276, Tallahassee, FL 32306-2742.