## (Principal Investigator’s or Department’s letterhead)

***NOTE: This template may be reformatted to fit your study. For example, you may use this traditional informed consent format, or you may revise for use as an invitation letter or email. All below elements must be included.***

## Title of research study: ***[insert title of research study]***

## Investigator: ***[insert name of principal investigator]***

Phone Number:[insert phone number]

## ***Sponsor: [insert name of sponsor]***

## What should I know about a research study?

Participation in this research study is voluntary.

If you are an employee of AdventHealth Orlando, you should know that your participation or lack of participation in this study will not affect your employment or relationship with AdventHealth Orlando.

## Why is this research being done?

[Tell the subject the purpose of the research.]

## How long will the research last?

We expect that you will be in this research study for \_\_\_\_\_\_\_\_ [hours/days/months/weeks/years, until a certain event].

## What happens if I agree to be in this research?

[Tell the subject what to expect using lay language and simple terms. Whenever appropriate include the following items:]

* Describe where this research will be done
* Provide a time-line description of the procedures that will be done. You can use tables or charts if they are helpful to explain the schedule.

## Is there any way being in this study could be bad for me?

***[Include section if appropriate. Consider the following:]***

* ***Physical risks (for example, medical side effect)***
* ***Psychological risks (for example, embarrassment, fear or guilt)***
* ***Privacy risks (for example, disclosure of private information)***
* ***Legal risks (for example, legal prosecution or being reported for child abuse)***
* ***Social risks (for example, social ostracizing or discrimination)***
* ***Economic risks (for example, having to pay money out-of-pocket for research or medical expenses, losing health insurance, or being unable to obtain a job)***

***[Include for research that involves questionnaires which ask about physical/emotional wellbeing.]***

The questionnaires used in this research will ask you about your physical / emotional well-being. Completed questionnaires may not be reviewed immediately. If you have concerns about your well-being, please let the study doctor or team know. ***[Or direct subjects to the Employee Assistance Program or similar resource]***

## What happens to the information collected for the research?

[Describe the process to ensure confidentiality of the information provided by subjects OR the process to ensure anonymity.]

## Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at the phone number listed on the first page.

This research is being overseen by an Institutional Review Board (“IRB”). The IRB is a group of people who review and approve research at AdventHealth Orlando. If you have questions, concerns, or complaints about your rights as a research participant, you may talk to them at (407) 200-2677 or AH.IRB.General@adventhealth.com.