**When to use this form:** Use this simplified Information Sheet **ONLY** when:

1. You are not getting handwritten signatures from subjects AND
2. Your study fits in the exempt categories. If your study is determined to not be exempt, you will have to use the longer (non-exempt) version of the information sheet that includes all 45 CFR 46.116 elements.

**Instructions:**

* Please review and edit as needed.
* Fill in the fields in red. Delete sections that are not relevant to your study.
* Once complete, please remove all blue instructional text and return all text to black.
* Proofread your form.
* Upload in iRIS the final document (no tracked changes). Word format is preferred.

**Consent to Participate in a Research Study at Texas A&M University-Corpus Christi**

**[study\_title]**

**Introduction**

The form provides information to help decide to participate in a research study. Please read the information below and ask questions before you make a choice.

**Who is doing this study?**

A study team led by [pi name -This cannot be a student] is doing this research study. Other research professionals may help them.

**Why is this research being done?**

The goal of this research study is to [briefly state the purpose of your study].

**Who can be in this study?**

We are asking you to be a part of this research study because [provide a brief statement as to why they qualify for the study, i.e., you are a student attending X class, you are part of the Corpus Christi community.]

**What will I be asked to do?**

If you agree to be in this study, you will be [describe the procedures involved, i.e., complete an online survey, complete an online interview.]

This study will take approximately [state duration X minutes/hours]. This MUST match the duration in the IRB application Section: Procedures Involved.

**What are the risks involved in this study?**

This research involves minimal risks (risks that you may experience in everyday life even if you do not participate in this study).

Review risks you entered in your IRB application and edit the informed consent as needed. Risks in the consent MUST match risks listed in the application.

Potential risk may include:

[%POTENTIAL\_RISKS%]

Review examples below and select disclosure statements match your risks in the IRB application.

Confidentiality risk: Your participation will involve collecting information about you. There is a risk of loss of confidentiality.  Your confidentiality will be protected to the greatest extent possible. You do not have to give any information to the study that you do not want to give.

Survey Questions: Questions may be embarrassing or uncomfortable to answer. You do not have to answers questions you do not want to.

Audio/Video Recording: If you choose to participate in this study, your interview will be audio/video recorded.  Any audio/video recordings will be stored securely in a password-protected file.  Any recordings will be kept until it has been transcribed and de-identified.  After transcription, the recording will be permanently deleted.

**What about protecting my information?**

Your participation involves collecting information about you.

The following identifiers will be collected from you if you choose to participate in this research study: [list the identifiers]. This MUST match the list of identifiers you state in the Privacy and Data Confidentiality Section of the IRB application.

Your information will be protected by:

Add methods to protect the data to the list above from your IRB application. Here are some examples. Delete those that are not applicable to your study.

* Add this statement if you will not know who completed the survey when results are returned: Anonymous survey: The survey will not ask or collect any identifiers from you. Your identity will not be known by the research team. Please do not include any identifiers in the study documents.
* Add this statement if your study involves recording: Audio/Video Recording: Audio/video recordings will be stored securely in a password-protected file.  The recordings will be kept until it has been transcribed.  The interview once transcribed will be anonymized (a process to remove identifying information like your name) by using pseudonyms (a fictious name). The recording will be permanently deleted after transcription.
* No identifiers linking you to this study will be included in any report that might be published or presented.
* Sharing with others: We will share your information only when we must. We will only share the information that is needed. We will ask anyone who receives your information from us to protect your confidentiality.

**What happens to my data after the study is done?**

Once data analysis is complete, your identifiers will be removed from the research data.

Information collected as part of this research, even after identifiers are removed, will not be used or distributed for future research studies.

**What will I receive if I am in the study?**

Delete this section if you are not providing compensation to participants.

Compensation provided: Edit the following information provided in your application. Be sure to include the following:

* The maximum compensation provided.
* Payment method (cash, gift card, check); and
* Timing of disbursement.

You will receive the following:

[%compensation\_descrip%]

**Do I have to participate?**

No. **Being in a research study is voluntary.**

**What if I change my mind?**

You **may quit at any time**.

Your decision not to participate or to stop participating at any time will not affect your current or future relationship with Texas A&M University-Corpus Christi or any collaborating institution.

If you withdraw from the study early for any reason, the information that already has been collected will be kept in the research study and included in the data analysis.  No further information will be collected for the study.

**Who can I contact with questions about the research?**

You can call [%pi\_name2%] [This cannot be a student] at [%pi\_phone%] or email at [%pi\_email%] with questions at any time during the study.

You may also call [%pc\_name2%] at [%pc\_phone%] or email at [%pc\_email%] with any questions you may have.

**Who can I contact about my rights as a research participant?**

You can contact Texas A&M University-Corpus Christi Institutional Review Board (IRB) with questions or complaints about this study at [**irb@tamucc.edu**](mailto:irb@tamucc.edu) or 361-825-2497. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others that ensures that a research study is ethical and that the rights of study participants are protected.

**CONSENT TO PARTICIPATE**

If you **DO NOT AGREE** to participate in the research study, please state how they can exit the process, i.e., exit this form and do not fill out the survey, do not fill out the survey and turn in a blank survey without anything filled in.

To participate in this research study, state how to move forward with the study, i.e. click continue to begin fill out the survey, click here to schedule an interview session.

By state the action by which they consent, i.e., clicking continue and filling out the survey, you are agreeing to participate in the study.

By participating in this study, you are also certifying that you are 18 years of age or older.