

# Sample Study Information Sheet

Include or exclude information as applicable. If you have any questions, please contact the Office of Research Compliance Officer at (865) 974-3466.

[List title of study here]

## **INTRODUCTION**

State that participants are invited to participate in a research study. State the purpose/objectives of the study.

## **INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY**

List all procedures, preferably in chronological order, which will be employed in the study. Point out any procedures that are considered experimental. Clearly explain technical and medical terminology using non-technical language. Explain all procedures using language that is appropriate for the expected reading level of your participants.

State the amount of time required of the participant per session and for the total duration of the study.

## **RISKS**

List all reasonably foreseeable risks, if any, of each of the procedures to be used in the study, and any measures that will be used to minimize the risks.

## **BENEFITS**

List the benefits you anticipate will be achieved from this research, either to the participants, others, or the body of knowledge.

## **CONFIDENTIALITY**

State that the information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. No reference will be made in oral or written reports which could link participants to the study.

## **COMPENSATION** *(If applicable to your study, add compensation information here)*

Indicate what participants will receive for their participation in this study. Indicate other ways participants can earn the same amount of credit or compensation. State whether participants will be eligible for compensation if they withdraw from the study prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study.

**CONTACT** *(Use the following contact information format in your information sheet)*

If you have questions at any time about the study or the procedures, you may contact the researcher, [Name] , at [Office Address] , or [Office Phone Number]. If you have questions about your rights as a participant, contact the Office of Research Compliance Officer at (865) 974-3466.

**PARTICIPATION** *(Use the following voluntary participation information in your information sheet.)*

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed. Return of the completed survey (questionnaire) constitutes your consent to participate.

[**Note:** In your Form A or B, please indicate whether this information will be presented orally or given to the subjects in written form. The IRB Committee usually requires that the information be provided in written form.]