**Request to Participate in Research**

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| **Study Title:** |
| **Principal Investigator:**  | **Office Number:** |

***INSTRUCTIONS:***

*This template should only be used for human subjects research studies limited to survey completion. A request for waiver of documentation of informed consent must also be submitted. Use simple language (8th grade reading level maximum). Be concise. Use the pronoun “you” consistently throughout.*

You are being asked to take part in a research study at [insert name of facility]because [explain in lay terms].

The purpose of this study is [insert]. Your participation in this study is entirely voluntary and you may refuse to answer any questions. This study has been approved by the Adventist HealthCare IRB.

There are no foreseeable risks and there may not be any direct benefit to you from participating in this study. You will not receive any payment for study participation.

Your responses will remain anonymous and any reports or publications based on this research will not identify you as being a part of this study.

You are indicating your consent to participate in this study by completing the attached survey.

For research-related questions, please contact [name of investigator] at [phone number] during regular business hours or [emergency phone number] after hours and on weekends and holidays. For questions about your rights as a research subject, please contact the Adventist HealthCare IRB Office at 301-315-3400 during regular business hours.

Thank you.

Sincerely,

Principal Investigator